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No. 101

## House of Representatives

The House met at 10 a.m.

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

Lord God of every age, Your people have always turned to You, especially in their darkest hours of need. Today we call upon Your Holy Name and pray for world peace. Only by mounting the forces of prayer, goodness, and compassionate love can we overcome the hopeless battles of distrust and violence.

When human limitations are finally admitted and nations stand apart from each other, each on its own precipice of disastrous decisions, then the remnant of Your believing people must assemble and cry out to You, O Lord, for wisdom and consolation.

Because repeated conflicts and broad-based negativity can form a vortex which, like a giant vacuum, robs people everywhere of strength and initiative, Your faithful must believe in You and claim a vision of realistic reconciliation which transcends the frontiers of culture, civilizations, nations and history.

Before You and in You we are already one people, and You have promised to be with us now and forever.

Amen.

### THE JOURNAL

The SPEAKER. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

### PLEDGE OF ALLEGIANCE

The SPEAKER. Will the gentlewoman from Connecticut (Ms. DELAURO) come forward and lead the House in the Pledge of Allegiance.

Ms. DELAURO led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Repub-

lic for which it stands, one nation under God, indivisible, with liberty and justice for all.

### MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 3741. An act to provide funding authority to facilitate the evacuation of persons from Lebanon, and for other purposes.

The message also announced that the Senate agrees to the report of the committee of conference on the disagreeing votes of the two Houses on the amendments of the House to the bill (S. 250) "An Act to amend the Carl D. Perkins Vocational and Technical Education Act of 1998 to improve the Act."

### ANNOUNCEMENT BY THE SPEAKER

The SPEAKER. The Chair will entertain up to ten 1-minute speeches on each side.

### BORDER SECURITY, "DO-NOTHING" DEMOCRATS

(Ms. FOXX asked and was given permission to address the House for 1 minute.)

Ms. FOXX. Mr. Speaker, House Republicans are working hard to produce a strong security bill to send to President Bush's desk, while Democrats continue their tired strategy of voting against border security legislation, while failing to offer a plan of their own.

Republicans passed the REAL ID Act which made it more difficult for potential terrorists to obtain driver's licenses, and helped deport criminals for terrorism related offenses. 152 House Democrats voted against it.

The Republicans passed the Border Protection, Anti-terrorism and Illegal Immigration Control Act which in-

creased border security by authorizing 1,000 new border inspectors and ended the "catch and release" of illegal aliens. 164 House Democrats voted against that.

Finally, 187 Democrats voted against an amendment which would have added teeth to a Federal law that requires governments at all levels to comply with Federal immigration laws.

Mr. Speaker, I have been listening to the other side of the aisle complain about the "do-nothing Congress." It is actually a case of the "do-nothing" Democrats. Republicans have a strong record of accomplishment on border security. Too bad the Democrats can't say the same thing.

### BREAST CANCER PATIENT PROTECTION

(Ms. DELAURO asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. DELAURO. Mr. Speaker, I rise today in support of every woman who has ever had to leave the hospital within 24 hours after undergoing a mastectomy, and to urge that the House consider the Breast Cancer Patient Protection Act. It is a bipartisan bill which will ensure that patients have the health care that they need following breast cancer surgery.

The statistics say it all. A woman in the United States has a 1-in-7 chance of developing breast cancer. It is the second leading cause of cancer deaths for women in America. And just this year, over 269,000 women will receive a diagnosis of invasive breast cancer.

Despite these numbers, women are often forced by their insurance companies to leave the hospital less than a day after mastectomy surgery, when they are still in pain, groggy from anesthesia, and with drainage tubes that require professional attention.

Mr. Speaker, the last thing that any woman should be doing at this time is

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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fighting with her insurance company. Two days of recovery time in the hospital should not be negotiable. Just 2 days. And ultimately that decision should be up to the patient and her doctor.

We should pass into law the Breast Cancer Patient Protection Act to ensure that women do not have to fight for their recovery time in the hospital.

#### LONE STAR VOICES—TIM AND SUSAN JACOB

(Mr. POE asked and was given permission to address the House for 1 minute.)

Mr. POE. Mr. Speaker, illegal entry into our homeland negatively affects our economic security. Illegals are driving up the costs for health care, education, Social Security and other Social Services. Americans pick up the tab for these bills because illegals do not pay their way.

Tim and Susan Jacob of Groves, Texas speak out on this fact. They say, "It should be evident more than ever that the U.S. does not have the infrastructure for 12 to 20 million illegals. This summer we are seeing rolling blackouts, complete power outages, gasoline above \$3 a gallon, Houston streets are overloaded with automobiles and illegals driving without insurance. We have hospital closings and poor performance of the public school system. Shut down the borders, enforce the existing laws and prosecute employers who hire illegals."

Mr. Speaker, common sense rings true again. We cannot ignore the negative impact of illegal entry. It is morally wrong to make Americans pay the costs for foreigners illegally in our Nation.

And that's just the way it is.

#### RIISING GAS PRICES HURT MINIMUM WAGE EARNERS

(Ms. LORETTA SANCHEZ of California asked and was given permission to address the House for 1 minute.)

Ms. LORETTA SANCHEZ of California. Mr. Speaker, gas prices in this country have just risen to hit yet another record high, reminding us all of how difficult it can be to make ends meet today. This is especially true for the millions of Americans who are struggling to survive and support their families while making the minimum wage.

Although it has not been increased since 1997, and it is currently at its lowest level in 50 years when adjusted for inflation, Republicans still refuse to raise the minimum wage from \$5.15 an hour. That means if you make \$5.15 an hour and you work all year round, you would make \$10,700. In fact, it would take you a full day just to fill up your gas tank. With the kind of money you make on minimum wage, there is very little left to support a household, something three-quarters of the people who make minimum wage must do.

Mr. Speaker, Democrats believe that no one who works hard at a full-time job should be in poverty. It is time to raise the minimum wage. Congress should not go on vacation without giving these workers their first pay raise in 9 years.

#### RECOGNIZING THE SACRIFICE OF PFC DEREK PLOWMAN

(Mr. BOOZMAN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BOOZMAN. Mr. Speaker, I rise today to recognize the sacrifice made by PFC Derek Plowman of Everton, Arkansas. On July 20 he died from a gunshot wound while serving with the Arkansas Army National Guard's 142nd Fires Brigade in Iraq.

Friends and family say that Derek was passionate about everything that he did. He was known to be a selfless man that was always more worried about other people than himself.

Last year he had just returned from basic training when he learned that his unit was being mobilized, but he commented that "he had a job to do," and willingly deployed to Iraq with his fellow Arkansans.

Derek comes from a large family with nine brothers and sisters. He had dreams of becoming a psychiatrist, and joined the National Guard during his senior year at Valley Springs High School to earn money for college.

Mr. Speaker, at the young age of 20, Derek made the ultimate sacrifice for his country. He is a true American hero. I ask my colleagues to keep Derek's family in their thoughts and prayers as they mourn the loss of this outstanding young man.

#### OIL COMPANY PROFITS

(Mr. DEFAZIO asked and was given permission to address the House for 1 minute.)

Mr. DEFAZIO. Well, Mr. Speaker, the numbers are in. ExxonMobil's quarterly profits up 32 percent, Shell, 34 percent, BP, 29 percent. The three largest oil companies made \$200 million a day profit by gouging consumers. This is extraordinary, and the Republicans have very little to say about this because they are sharing in the profits. Eighty-five percent of the political contributions from oil and gas companies go to the Republican party.

Now, they are so awash in money that the retired CEO of ExxonMobil, while Americans struggle to fill up their gas tanks and afford that and go on vacation, well, Lee Raymond, the retired ExxonMobil chief who got \$400 million for a retirement gift very recently, he is personally buying oil and gas fields. So American workers, people who work for ExxonMobil, can't afford to go on vacation and fill up their tank, and their CEO is personally purchasing oil and gas fields in the Middle East and Africa. It's a great country.

□ 1015

#### BREAST CANCER PATIENT PROTECTION ACT

(Mrs. KELLY asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. KELLY. Mr. Speaker, I rise, along with several of my colleagues, this morning to urge this House to pass a bill I am sponsoring called the Breast Cancer Patient Protection Act. I appreciate the co-leadership of the gentlewoman from Connecticut (Ms. DELAURO) on this important bipartisan bill.

We are here today seeking to improve treatment coverages and access to inpatient care for women suffering from breast cancer. No woman should be forced to fight breast cancer and red tape at the same time. It is our responsibility in Congress to make sure that necessary laws are in place to protect a breast cancer patient. We need to guarantee the best treatment and support possible.

A breast cancer diagnosis is scary and stressful for a woman. Insurance restrictions and difficult cost-saving decisions only complicate her fear and stress.

By passing our bill, we can eliminate undue anxiety and ensure that a woman and her doctor are in control of her treatment decisions. More than 175 cosponsors of our bill have recognized the need to help more than 200,000 women diagnosed with breast cancer every year. But we believe every Member of this body should be cosponsoring our legislation.

Together, this Congress can make a positive difference in the lives of women suffering from breast cancer by passing the Breast Cancer Patient Protection Act.

#### IN SUPPORT OF THE BREAST CANCER PATIENT PROTECTION ACT

(Ms. SLAUGHTER asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. SLAUGHTER. Mr. Speaker, I rise in support of the Breast Cancer Patient Protection Act and urge its passage before the August recess.

Breast cancer is so pervasive that it touches every American family. The diagnosis of breast cancer is frightening enough not to have to fight the insurance companies, as has been said before. One in eight women is going to be diagnosed with breast cancer during her lifetime, and it remains the number one cause of death in women between the ages of 30 and 54.

In my congressional district, there are almost 1,500 instances of breast cancer and nearly 300 women die every year. And rushing a woman through a hospital stay after a mastectomy and pressuring her to return to her normal life almost immediately hampers her recovery. That is why it is imperative

that we pass the Breast Cancer Patient Protection Act.

We must also support research into better breast cancer detection methods. Mammographies, which is the only tool we have had for 40 years, miss too many women and cannot suffice as our gold standard. But instead of passing legislation to stop drive-through mastectomies or supporting funding increases for research and development, we have become a drive-through Congress, rushing to pass what is politically divisive.

This bill deserves passage.

#### IN SUPPORT OF FORMER CONGRESSMAN BOB MATHIAS

(Mr. NUNES asked and was given permission to address the House for 1 minute.)

Mr. NUNES. Mr. Speaker, some of you may know that former Congressman and two-time Olympic Gold Medalist Bob Mathias has been battling cancer for the past few years.

As many in this Chamber know, Bob is a fighter and is determined to beat it. As Bob continues his fight, I ask that we keep him and his family in our thoughts and prayers.

#### THE BREAST CANCER PATIENT PROTECTION ACT

(Ms. WASSERMAN SCHULTZ asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. WASSERMAN SCHULTZ. Mr. Speaker, breast cancer does not discriminate based on health care coverage.

Statistics tell us that one in seven American women will develop breast cancer; yet no one ever expects these things. No one plans or prepares to be diagnosed with breast cancer. No one preemptively investigates their health insurance coverage in the event that they require a mastectomy or a lumpectomy.

Suddenly these women, our mothers, our sisters, our daughters, are faced not only with a terrible, deadly diagnosis but with unnerving treatment decisions.

I am a cosponsor of the Breast Cancer Patient Protection Act to ensure one thing: that women don't have to worry about their health insurance plan during this terrifying experience. This is the law in Florida, and it should be the law of the land. While serving in the Florida legislature, I passed similar legislation, and my commitment has not wavered.

This bill mandates that women be covered for a 48-hour hospital stay after a mastectomy and a 24-hour stay for a lumpectomy. What is more, it ensures full coverage for follow-up care.

Asking anyone coping with a deadly disease to lose sleep over health insurance is outrageous. As a public servant, I believe I have a responsibility to stand up on this issue so that women

facing this trying ordeal can focus on what really matters: their family, their faith, and their future.

#### ISRAEL/IRAN

(Mr. KNOLLENBERG asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KNOLLENBERG. Mr. Speaker, the United States and our ally Israel stand at an important and historic juncture.

Iran's continued efforts to establish a nuclear weapons program and their continued efforts to assist Hezbollah, an internationally recognized terrorist organization, is in defiance of their obligations to a free and stable world.

Today I stand united with my friends in Israel, who face a constant threat by Iranian-sponsored Hezbollah terrorists.

The House has acted by passing H.R. 282, the Iran Freedom Support Act. If this bill is passed, a strong set of economic sanctions will begin to hold Iran responsible for their actions in the Middle East. It is critical that the Senate act on this companion legislation that is pending before them.

Congress must confront Iran's continued belligerence by halting that country's nuclear aspirations and work to prevent their further sponsorship of terrorists.

#### A TRIBUTE TO ANDREW VELEZ

(Mr. NEUGEBAUER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. NEUGEBAUER. Mr. Speaker, this morning I come to this House with a very heavy heart. Earlier this week, PFC Andrew Velez was killed while tracking Osama bin Laden in Afghanistan.

It is always a tragedy when we lose one of our young soldiers, but this loss is especially tragic because less than 2 years ago, Andrew's older brother, Freddy, was also killed while protecting this country in fighting the war on terrorism.

The Velez family now has made the ultimate sacrifice for freedom and democracy not once, but twice. Andrew and Freddy Velez are American heroes. We must never forget the sacrifice of these two brothers for freedom.

My thoughts and prayers go out to Andrew's father, Roy; his stepmother, Carmen; Andrew's wife, Veronica; and his three children, Jasmine, Jordan, and Jacob as they mourn the loss of their son and their husband and their dad.

Mr. Speaker, the price of freedom has never been cheap, but I have to say that the Velez family has given an extra measure for freedom and democracy. I hold them in my prayers and ask all Americans to do so at the same time.

#### SECURITY FIRST

(Mr. STEARNS asked and was given permission to address the House for 1 minute.)

Mr. STEARNS. Mr. Speaker, it is imperative that we secure our southern border immediately. One overlooked reason is the Department of Homeland Security has issued data which indicates that each year, hundreds of aliens from countries known to harbor terrorists or who promote terrorism are apprehended attempting to enter this country illegally. Since 2002, the number of non-Mexicans apprehended while trying to enter the United States illegally has increased 343 percent.

This is of great concern to me and to others. In the words of former Deputy Secretary ADM James Loy of Homeland Security: "Entrenched human smuggling and corruption in areas beyond our borders can be exploited by terrorist organizations."

There have been reports, Mr. Speaker, that terrorist organizations, including al Qaeda, have been operating, recruiting members, and maybe training terrorists in South American countries, including Argentina, Brazil, and Paraguay. This is particularly alarming when you consider that attempts to enter our country illegally from Brazil has increased 900 percent over the last 3 years.

It is imperative that we secure our borders now.

#### THE VIOLENCE IN THE MIDDLE EAST

(Mr. KUCINICH asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KUCINICH. Mr. Speaker, casualties are mounting on all sides in the Middle East, and yet our government, representing the most powerful Nation in the world, stands aside and watches as civilian casualties mount everywhere.

Why in God's name aren't we getting involved to call for an end to the violence, to bring the parties together so that they can find a way to create peace?

We are required, by virtue of our standing in the world, to bring people together. Not to create more isolation, not to create more war, but to bring people together. We must get involved as this continues to spiral out of control. The whole world is watching and the entire world is at risk.

#### THE REPUBLICAN MAJORITY'S SECURITY AGENDA

(Mrs. BLACKBURN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. BLACKBURN. Mr. Speaker, this Republican majority is dedicated to the security agenda. We have created a plan of action for leading that addresses the issues facing America today.

As part of our security agenda, we are promoting border security that halts illegal entry into the country. We are strengthening our national security by fighting terrorism in the Middle East where it begins, not on our own soil after an attack.

We are also promoting economic growth and job creation by lowering taxes and reducing regulation in order that families can plan for their very own secure future.

Energy security means America must harness our own domestic oil resources, expand oil refining capacity that is limited due to red tape, and at the same time carry out research and development for alternative energy sources while we focus on conservation's best practices.

We are fighting to defend the moral infrastructure that has made America great as part of our moral security agenda.

Mr. Speaker, we invite everyone to join us in a thoughtful process of securing America's future.

#### THE MINIMUM WAGE

(Mr. MCGOVERN asked and was given permission to address the House for 1 minute.)

Mr. MCGOVERN. Mr. Speaker, the Federal minimum wage has been stuck at \$5.15 for 9 years. A minimum-wage worker working full time earns about \$10,712 a year. A minimum-wage worker has to work an entire day in order to be able to afford to fill their tank with gas.

Mr. Speaker, Members of Congress have awarded themselves eight pay raises since the last time we increased the Federal minimum wage. That is about \$35,000 in pay raises.

Mr. Speaker, 35 percent of workers who receive a minimum wage are their families' sole earners. Sixty-one percent are women and one-third of those women are raising children.

Here is the deal, I say to my Republican colleagues: have a heart. And if you are not going to allow us to have a clean vote up or down on the minimum wage, then bring to the floor a bill that repeals your pay raise. It is not right for Members of Congress to get a pay raise while they force millions of Americans to continue to live in poverty.

#### VAT ACCOMPLISHMENTS

(Mr. PITTS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PITTS. Mr. Speaker, as we head into August, it is worth noting our record so far this year in defense of traditional values.

Last month this body affirmed the role of fathers by passing a resolution to promote responsible fatherhood in America. Also in June, we got serious about enforcing broadcast decency standards by increasing fines for vio-

lating the law tenfold. Just this week the President signed the Freedom to Display the American Flag Act.

Last week we defended the Pledge of Allegiance from the whims of activist judges who seek to ban it from our schools. Although the Marriage Protection Amendment failed to get two-thirds support, it gained votes in both the House and Senate this year. Earlier this month we passed legislation to enforce laws prohibiting illegal online gambling. And last week we affirmed the dignity of human life by rejecting taxpayer funding of human embryo-destrating research.

Mr. Speaker, it has been a good first half of the year for millions of Americans who wish to see traditional American values defended on Capitol Hill. And I look forward to future successes when we reconvene after August.

#### WAIVING POINTS OF ORDER AGAINST CONFERENCE REPORT ON S. 250, CARL D. PERKINS CAREER AND TECHNICAL EDUCATION IMPROVEMENT ACT OF 2006

Mr. BISHOP of Utah. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 946 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

#### H. RES. 946

*Resolved*, That upon the adoption of this resolution it shall be in order to consider the conference report to accompany the bill (S. 250) to amend the Carl D. Perkins Vocational and Technical Education Act of 1998 to improve the Act. All points of order against the conference report and against its consideration are waived. The conference report shall be considered as read.

The SPEAKER pro tempore (Mr. KUHLMANN of New York). The gentleman from Utah (Mr. BISHOP) is recognized for 1 hour.

Mr. BISHOP of Utah. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Massachusetts (Mr. MCGOVERN), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

House Resolution 946 provides for the consideration of the conference report to accompany Senate 250, the Carl D. Perkins Career and Technical Education Improvement Act of 2006 and waives all points of order against its consideration.

□ 1030

Mr. Speaker, I am actually proud to stand in support of this rule the underlying legislation, which reauthorizes important vocational education loans and programs. In our ever-changing economy, it is clear that education and training is more vital than ever before to both our Nation's economic growth and competitiveness, as well as the quality of life for individuals and their families.

This conference agreement will, among other things, direct the States to assess the effectiveness of State programs for career and technical education, with an emphasis on math and science, and also establishes performance indicators for those programs.

It will enhance coordination between secondary and post-secondary vocational programs and strengthen the role of the States in administering these programs, and this is a funding of a legislative priority.

This legislation allows for increased flexibility for States who choose the option to combine the Perkins State Grant with the Tech-Prep programs into one program, leading to greater program efficiencies. This once again is a State option.

It allows for the States to provide "incentive grants" to encourage and recognize exemplary performances in carrying out career and technical education programs.

It also will ensure the continued access to teachers for professional development certification.

Mr. Speaker, in 1917, the government first funded training for vocational programs relating to national defense. In 1963, we passed the first Vocational Education Act. It was modified in 1984 as the Carl Perkins Program, and again in 1990. So this program has been here in some way for 90 years in this Nation helping those vocational programs and training our citizens for their future.

I urge my colleagues to support this rule and the underlying legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I yield myself such time as I may consume.

(Mr. MCGOVERN asked and was given permission to revise and extend his remarks.)

Mr. MCGOVERN. Mr. Speaker, I want to thank the gentleman from Utah (Mr. BISHOP) for yielding me the customary 30 minutes.

Mr. Speaker, today this House is considering the conference report for the Carl D. Perkins Career and Technical Education Improvement Act. This is a good bill, a worthy bill. This bill addresses the needs of America's changing workforce and hopefully it will help close the gaps that threaten our long-term ability to compete in the global economy.

I want to express my appreciation and my respect for the leadership and hard work invested over the past 15 months by House Education and Workforce Committee Chairman BUCK McKEON and ranking member GEORGE MILLER in moving these vital issues forward and that resulted in this strong, bipartisan supported bill.

Mr. Speaker, the conference report successfully improves several aspects of the programs authorized under the Perkins Act. It provides for more effective accountability for these programs. It establishes stronger links to businesses and stronger partnerships between high schools, colleges and businesses, including small businesses. It

creates better links and sequences of courses from high school to college and it promotes a much stronger academic focus, consistent with other Federal K-12 educational programs.

Mr. Speaker, I am a very strong supporter of vocational, career and technical education, and I am not alone in Central Massachusetts in believing in the importance of vocational and technical education.

Let me share with my colleagues an important milestone that took place just last month in Worcester, Massachusetts. On June 8, the last class to occupy the old Worcester Vocational High School graduated, ending an era that began in 1910 when the Boys Trade School opened its doors to 29 ironworkers and 23 woodworkers.

That evening, 204 graduating seniors who attended classes in that 1910 building received their high school diplomas in subjects as diverse as telecommunications, cosmetology and hotel management. These students represent a well-educated workforce.

In the past 5 years, in Worcester alone, the number of vocational technical graduates attending college has nearly tripled, from 24 percent in 2001 to 68 percent this year. It is not surprising, therefore, to know that the scores of these students on the Massachusetts mandatory State test, which has formidable high standards, have risen significantly, a testament to the hard work of students, faculty, school administrators and parents.

This coming September, a new era will begin for Worcester's vocational and technical students when they start classes in a new state-of-the-art school, the Worcester Technical High School. I have had the opportunity to tour this new school, the first vocational high school in the Commonwealth of Massachusetts to be built in the last 30 years. I can assure my colleagues that the goals and programs outlined in today's reauthorization bill will find fertile ground and flourish at Worcester Technical High School.

But, Mr. Speaker, it takes more than just a good framework like the one provided by this conference report to ensure a quality education. It takes resources. It takes money. And, quite frankly, Mr. Speaker, that worries me.

I worry whether this House has the same bipartisan dedication and commitment that so successfully negotiated this conference agreement to make sure that these same programs are adequately funded in the future. Every year President Bush recommends the elimination of the Perkins vocational education programs in his budget. Every year, Mr. Speaker, every year he does this.

Will the Republican leadership of this House pledge to organize a bipartisan effort and convince the President that he must include full funding for the Perkins Act in his budget?

Each year when the President has eliminated the Perkins vocational and technical programs, the Republican

majority of this House passes a budget resolution that matches the President's request, which means it also eliminates the funding for the Perkins Act programs.

Where does that leave us, Mr. Speaker? It leaves us with an appropriations allocation for education that is so low it is impossible to adequately fund our Federal education programs. In order to restore \$1.3 billion to the Perkins program, we are forced to steal money from other critical K-12 and higher education programs.

This year is no exception. In the FY 2007 Labor-HHS-Education Appropriations Act, which has been waiting in the wings for 6 weeks since June 13 for a chance to come to the House floor, we once again see damaging cuts in education funding. For the second year in a row, funding for the Department of Education has been cut, this time \$404 million below FY 2006 levels and \$1 billion below FY 2005 levels. While the appropriations bill provides \$1.3 billion for vocational education programs, this is the same level as last year. This means vocational education grants will have lost \$83 million in real purchasing power since FY 2005.

Mr. Speaker, nearly half of all high school students and about one-third of all college students take vocational education courses to be ready for today's world of work. We cannot keep freezing the funding for these programs. The result is a de facto cut in resources at exactly the time when this authorization increases standards and accountability for vocational and technical schools.

So I hope that my colleagues on the other side of the aisle will finally commit themselves not just to authorizing these critical programs, but to working in a bipartisan, all-out effort to make sure that they are adequately funded. Otherwise, nothing we do here today matters.

Finally, Mr. Speaker, I have to admit I am a little bit confused. Only July 12, this House voted 260-159 in favor of a motion to instruct the conferees appointed to negotiate on this conference report to state clearly that when this authorizing bill describes as its purpose to prepare students for high wage jobs, that those jobs should, in no case, pay less than \$7.25 an hour. 260-159, Mr. Speaker. That is an overwhelming vote. Sixty-four Republicans joined every single Democrat and Independent in this House in support of this language. But somehow, Mr. Speaker, it does not appear in the conference report.

High skilled jobs are important, Mr. Speaker. High wage jobs matter. And so does raising the minimum wage. The minimum wage was established 63 years ago to alleviate poverty. Today, the minimum wage condemns workers and their families to a life of poverty. That is more than 6.5 million hardworking American workers. I thought that was why 260 members of this House voted 2 weeks ago to demand

that the conferees include in this bill that the phrase "high wage" means no less than \$7.25 an hour.

Did the House conferees not take the Members of this House seriously? Did they fight during negotiations to include these words in the final conference report? Because, if so, then why isn't it there?

Mr. Speaker, I have worked in this House for a while now, 10 years as a Member of Congress and 13 years before that as a Congressional aid. I remember when motions to instruct conferees were taken seriously by Members appointed to the conference committee.

The Republican leadership will not allow this House to act on the FY 2007 Labor-HHS-Education Appropriations Act because it contains an increase in the minimum wage. Every Health, Education and Labor Department program is being held hostage to the Republican majority's determination to keep 6.5 million hardworking Americans in poverty.

Now they will not allow a handful of words, supported so strongly by Members of this House, to be included in this conference report. What are they so afraid of?

As we take up the Carl D. Perkins Career and Technical Education Improvement Act conference report, we can all be proud of our support of vocational, technical and career education. But with all due respect, Mr. Speaker, what we do today is meaningless. It is worthless if we fail to ensure adequate appropriations for these programs and if we continue to let the minimum wage stagnate and willingly and deliberately condemn more and more American workers to lives of poverty.

In closing, I will support this bill because it does authorize a number of good programs. But let me repeat so my colleagues on the other side of the aisle can hear this loud and clear: It is not enough to authorize programs. We need to fund them. And this President has consistently tried to eliminate funding for important vocational educational programs and this Congress passes budgets that also eliminate funding for these programs. And, quite frankly, the funding that we do provide is inadequate.

Finally, let me repeat to all Members of this House, that it is a disgrace that we are about to recess for our August vacation without increasing the Federal minimum wage. It has been stuck at \$5.15 an hour for nearly 9 years. During that same period of time, Members of this House have increased their pay eight different times, totaling about \$35,000.

If this Republican leadership does not want to allow Members of this House a clean, straight, up-or-down vote on the minimum wage, then they should at least have the decency to bring to the floor a resolution to repeal this pay raise. It is wrong to increase our pay and, at the same time, refuse to do anything about the millions of American workers who are stuck in poverty.

If you work in this country, you should get paid enough so you don't have to live in poverty.

Again, vocational education is important, but we need to fund these programs. That is something that this Republican Congress has failed to do.

Mr. Speaker, I yield back the balance of my time.

Mr. BISHOP of Utah. Mr. Speaker, in closing, I wish to try and address my remarks to the bill we have before us and hopefully keep them germane to the particular issue we have in front of us.

We have a very good conference report. It is a conference report which is just what a conference report is, a negotiated compromise between both parties and both Houses of this Congress, which means, in essence, we have 535 different opinions and we have compromised down to one bill, which I think satisfies the base needs of all of us, or at least the vast majority of us who are in Congress right now.

This is legislation that reflects legislative priorities as to funding for vocational education.

□ 1045

It provides more funds than perhaps the programs that have been assigned to us by the Constitution would do to this particular body. But it does reflect those priorities.

Mr. Speaker, I urge my colleagues to support this resolution because a "yes" vote moves us forward. A "no" vote on this resolution would harm kids. Mr. Speaker, I support the resolution and the underlying legislation.

Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

#### PROVIDING FOR CONSIDERATION OF H.R. 4157, HEALTH INFORMATION TECHNOLOGY PROMOTION ACT OF 2006

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 952 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 952

*Resolved*, That at any time after the adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 4157) to amend the Social Security Act to encourage the dissemination, security, confidentiality, and usefulness of health information technology. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour, with 35 minutes equally divided and controlled by the chairman and ranking minority member of the Committee

on Energy and Commerce and 25 minutes equally divided and controlled by the chairman and ranking minority member of the Committee on Ways and Means. After general debate the bill shall be considered for amendment under the five-minute rule. In lieu of the amendments recommended by the Committees on Energy and Commerce and Ways and Means now printed in the bill, the amendment in the nature of a substitute printed in part A of the report of the Committee on Rules accompanying this resolution, modified by the amendment printed in part B of such report, shall be considered as adopted in the House and in the Committee of the Whole. The bill, as amended, shall be considered as the original bill for the purpose of further amendment under the five-minute rule and shall be considered as read. All points of order against provisions in the bill, as amended, are waived. Notwithstanding clause 11 of rule XVIII, no amendment to the bill, as amended, shall be in order except those printed in part C of the report of the Committee on Rules. Each such amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill, as amended, to the House with such further amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommend with or without instructions.

SEC. 2. After passage of H.R. 4157, it shall be in order to consider in the House S. 1418. All points of order against the Senate bill and against its consideration are waived. It shall be in order to move to strike all after the enacting clause of the Senate bill and to insert in lieu thereof the provisions of H.R. 4157 as passed by the House. All points of order against that motion are waived. If the motion is adopted and the Senate bill, as amended, is passed, then it shall be in order to move that the House insist on its amendments to S. 1418 and request a conference with the Senate thereon.

SEC. 3. House Resolution 924 is laid upon the table.

The SPEAKER pro tempore. The gentleman from Florida (Mr. LINCOLN DIAZ-BALART) is recognized for 1 hour.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlewoman from California (Ms. MATSUI), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

(Mr. LINCOLN DIAZ-BALART of Florida asked and was given permission to revise and extend his remarks.)

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, the rule provides 1 hour of general debate with 35 minutes equally divided and controlled by the chairman and ranking minority member of the Committee on Energy and Commerce and 25 minutes equally divided and controlled by the chairman and ranking minority member on the

Committee on Ways and Means. The rule also provides one motion to recommend with or without instructions.

Mr. Speaker, the information age has greatly changed our economy by bringing about increased efficiencies in productivity. Virtually every sector of our economy benefits from the use of new information technologies.

Right here in Congress, for example, the use of technology has opened up access to the workings of our democracy like never before. Technology allows our constituents to quickly view the status of a bill or to look up our voting records.

Mr. Speaker, the health care industry has not fully embraced the advantages and benefits of information technology. According to a study by the RAND Corporation, only 15 percent of physicians and 20 percent of hospitals use computerized patient files.

Broad use of information technology in the health care system would certainly improve the quality and efficiency of health care delivery.

The use of health information technology is increasingly necessary to deliver the best care possible to individuals with chronic illnesses. The use of health care IT would also promote interoperability between providers and payers.

Efficiencies from coordinated development of health IT will accelerate and advance private and public efforts to improve quality, lower costs, reduce fraud and abuse, and promote the coordination of care. The synergy of these efficiencies will help achieve better health outcomes for patients.

The Health Information Technology Promotion Act, which we bring to the floor today, will improve the quality of care Americans receive through national adoption of electronic medical records and e-prescribing systems.

The legislation promotes the adoption and use of interoperable health information technology that prevents medical and prescription errors and costly duplicate tests, eliminates lost medical records, simplifies our administrative system, and improves medical care and the treatment of chronic illnesses.

The legislation we bring to the floor today provides grants for the use of health information technology to coordinate care among the uninsured and to implement technology in small physician practices. It also updates diagnostic coding, systems for the digital age, and provides for an expedited process to update standards.

Mr. Speaker, this legislation was introduced by Congresswoman NANCY JOHNSON, my dear friend, who is a true expert in the field of health care. It was reported out of the House Energy and Commerce Committee. We believe it is time that the health care industry moves to a digital future, and this legislation is an important step in seeing that to reality.

Mr. Speaker, I would like to thank Congresswoman JOHNSON and Chairman BARTON and Chairman THOMAS for

their leadership on this important issue. I urge my colleagues to support the rule that brings this legislation forth as well as the underlying legislation.

Mr. Speaker, I reserve the balance of my time.

Ms. MATSUI. Mr. Speaker, I thank my good friend, the gentleman from Florida, for yielding me time; and I yield myself such time as I may consume.

(Ms. MATSUI asked and was given permission to revise and extend her remarks.)

Ms. MATSUI. Mr. Speaker, every Member of Congress recognizes the importance of health information technology. It holds the potential to save lives by reducing medical errors, and it can make our health care system more efficient by providing better care while keeping costs down.

In short, we could revolutionize the way our health care is delivered. What exactly is the potential? Physicians could have access to every relevant part of a patient's medical history at the precise moment a life-or-death decision needs to be made.

It is the tens of thousands of lives saved because of fewer medical errors. It means the newest "Physicians Desks Reference" and the most cutting-edge medical research on a hand-held device that a doctor can have at the patient's bedside.

This is not pie-in-the-sky ambition. Some health care leaders have already begun to adopt these ideas with great success. In the year 2000, the Veterans Administration implemented the most advanced electronic medical records system in the United States.

A recent article in *Business Week* noted that "while studies show that 3 to 8 percent of the Nation's prescriptions are filed erroneously, the VA's prescription accuracy rate is greater than 99.99 percent, a level most hospitals only dream about."

It should not be surprising that while many patients lost their paper medical records in the terrible aftermath of Hurricane Katrina, veterans did not. Veterans living in New Orleans were able to access their medical records at other VA hospitals because of health information technology.

Another example comes from my hometown of Sacramento. The UC Davis Medical Center has a world-renowned telemedicine program which connects patients in 80 rural areas across California to an immense amount of specialty care in Sacramento.

Let me tell you the story of Levi, a child who lives on a ranch in a nine-person town 60 miles north of Sacramento. After accidentally suffering third-degree burns on his leg, his parents took him to the closest hospital. Because of UC Davis's telemedicine program, Levi was treated by one of the few pediatric burn specialists in this country remotely from Sacramento.

Information technology could make this amazing program even better. Widespread adoption of this technology would enhance this expert advice by allowing the rural doctor to send Levi's medical history to the specialists at UC Davis instantly.

UC Davis has begun to implement electronic medical records, but many of these outlying areas cannot afford this technology without seed money.

That is the goal of establishing a national health information infrastructure. But we know such a comprehensive program isn't cheap. It could cost individual hospitals several million dollars and individual physicians \$20,000 or \$30,000 apiece.

So the issue needs more than Federal guidelines. It needs Federal financial support, seed money in a sense. Unfortunately, the bill we will debate today falls far short. It provides only \$40 million in Federal grants. In a \$1.3 trillion health care system, this does not even scratch the service.

In fact, the nonpartisan Congressional Budget Office, CBO, says the bill, as written, will do almost nothing to encourage health information technology. According to their analysis, it will not significantly influence the rate at which health information technology is adopted, nor will it ensure better quality technology.

Democrats have proposed a more effective proposal, backed by Federal seed money, just like the bipartisan Senate bill does. We would also add new privacy laws to strengthen patient protections. This would prepare us for the health information age.

It would require patients to give their consent before their health information could be shared with other people. It also requires data encryption to protect these health information networks from hackers.

It sides with patients by making sure that everyone, every individual and every health entity, complies with privacy protections.

Unfortunately, late last night the Rules Committee denied the House the opportunity to debate the Democratic alternative on the floor. As a result, I will be urging my colleagues to defeat the previous question and defeat this rule.

□ 1100

Mr. Speaker, information technology will bring our Nation's health care system tremendous benefits, but the devil is often in the details. This technology will not install itself. It will spread only with the right kind of Federal leadership. So, I urge my colleagues to support the Democratic substitute and support the responsible approach to national health information technology.

Mr. Speaker, I reserve the balance of my time.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I reserve the balance of my time.

Ms. MATSUI. Mr. Speaker, I yield 2 minutes to my good friend, the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. I thank my colleague for yielding.

Mr. Speaker, I rise in strong opposition to the rule for H.R. 4157. As a nurse, of course I want to see the expanded use of health information technology, such as electronic medical records. Expanded use of health IT holds great promise for facilitating better care, reducing medical errors, and eliminating burdensome paperwork, but the bill before us today has a glaring omission: It has no privacy protection for patients.

A privacy amendment I sponsored along with Representatives MARKEY, EMANUEL, DOGGETT, and KENNEDY was killed by the Republicans on the Rules Committee even though there is bipartisan support for this measure. As usual, the House won't be voting on a measure because the Republican leadership opposes it but is afraid that if we debate and vote on it in the House, they might lose the vote.

Let's be clear, there is no comprehensive privacy protection in this bill before us today. That means your personal sensitive health information is vulnerable. That means there is no recourse you could take to hold individuals accountable if they improperly obtain or disclose your most personal private information.

Opponents of privacy protection will argue that current HIPAA regulations are adequate. That argument is flawed. The lack of enforcement of privacy protections is widely known in the health community. Because of that, surveys show fewer entities are complying with HIPAA because they fear no consequences for privacy violations. And, these violations are occurring. Our privacy amendment would have guaranteed that you would be notified if your information is improperly disclosed and it would have allowed you recourse.

The amendment should have been made in order because its provisions are essential to protecting patients' rights during the nationwide adoption of health information technology. So I urge my colleagues to oppose the rule until we are allowed to consider a bill that protects our rights as patients and, indeed, the rights of all patients.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I reserve the balance of my time.

Ms. MATSUI. Mr. Speaker, I yield 3 minutes to the gentlewoman from California, my good friend (Ms. ESHOO).

Ms. ESHOO. I thank our distinguished member of the Rules Committee.

Mr. Speaker, I rise this morning in opposition to the rule and in opposition to the bill, and I want to state very clearly why. I believe that this bill is deeply deficient. And I am very disappointed because I had high hopes for this bill. At one time I was a cosponsor of it, but I removed my name from the bill when I saw what the deficiencies were and that the majority would not address them.



My colleague, Mrs. CAPPS, has just eloquently outlined the deep deficiency relative to privacy. If you ask any American about privacy and if they want it protected in their financial records and their medical records, there will be a resounding yes. This bill has no protection for the American people relative to privacy.

The second point, which is really a shame, that an HIT, health information technology bill, does not assure interoperability. My colleague from Florida mentioned this in his statement. There isn't going to be any point, it won't matter if every doctor, every hospital in our country has invested in robust IT technology if they can't communicate with one another. What this bill provides is that down the road, down the road 3 years, 5 years there may be interoperability. Does the majority not understand that in the market in terms of information technology that products change 6 months, 8 months. And so there isn't anything in the bill that assures that interoperability is going to take place.

I offered an amendment in the Rules Committee that was turned down. It ensured that purchasers and vendors in the HIT marketplace will be able to rely on representations about compliance with the interoperability standards adopted under this legislation by creating a voluntary certification process for HIT products.

Dr. David Brailer, the first national coordinator for health IT, said last month that if the government does not immediately employ interoperability standards in its purchasing, the adoption of the standards in the marketplace could take 5 to 7 years instead of 1 or 2 to implement.

So this is a wonderful vehicle, it sounds terrific, it is all shiny and waxed up. Everyone looks at it and says, doesn't this look terrific? I hate to dampen your spirits, but there isn't any gas in the engine and this dog is not going to hunt. It is an opportunity that has been squandered, and I reluctantly oppose the rule and the bill.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I reserve the balance of my time.

Ms. MATSUI. Mr. Speaker, I yield 4½ minutes to my good friend the gentleman from Massachusetts (Mr. MARKEY).

Mr. MARKEY. I thank the gentleman. The great Irish poet, William Butler Yeats, used to say that, "In dreams begins responsibility."

There is a dream here that we can place all of the medical records of all Americans online, that can have an IT world where for the sake of patients we can move medical information across hundreds, thousands of miles to save the patient's life. And that is great. That is a great dream. But that dream will replace something that exists today, which is that when each of us goes in to visit a physician, when our family member's private medical records are inside a cabinet with a

nurse that has a key that can open that drawer and pull out your family's private records, that you have confidence that that physician, that that nurse is not going to tell everyone else in town what the secrets are of your husband, of your wife, of your child, of your mother or your father, that there are protections, that privacy is sacred, that your physician is a privacy keeper and not a data mining information seeker.

As we move to this new era where information is being abrogated by medical insurance companies, HMOs, medical consultants, medical data mining companies, that we build in at the beginning of this era the privacy protections, the guarantees that each individual's family has a right to say, "I don't want my family's psychiatric records, I don't want my child's medical records, I don't want this information, mental health, prescription drug records or other personal medical data put online without my permission. I just don't want it spread around without my permission, without my family's permission."

So I went to the Rules Committee, and Congressmen KENNEDY, EMANUEL, DOGGETT, CAPPS, we requested that we have that debate here on the House floor, and the Republican leadership said no. No, we are just going to listen to the insurance industry. We are going to listen to the HMO industry. We are not going to allow a debate on medical privacy on the House floor as we move to this new era.

And I will tell you something, this is about as serious an issue as people can imagine affecting their family, and there are 84 million good reasons why we should have this debate: Because 84 million is the number of times over the last 2 years we have seen the compromise of the financial records of American people, from the ChoicePoint scandal, these you can go right down the whole line. But now we have the big enchilada, and that is the medical records of people's families.

And, by the way, this is not an issue that divides along Democrat or Republican lines, liberal or conservative lines. It polls out at over 80 percent of all Americans that want the right to be able to protect their own personal medical records.

So what has happened then? Well, what has happened is the Republican party is ignoring the fact that it polls out at 80 percent Democrat and Republican. And what they decided to do is to side with the insurance industry, side with the HMOs who want to use our personal medical records as a product, as something that allows them to go through and to identify useful information for the insurance industry, for HMOs.

William Butler Yeats once said that, "In dreams begins responsibility." That should happen here on the House floor today. But the Republicans are abdicating that responsibility. They are saying, let's give the HMOs, let's

give the data miners, let's give these consultants, let's give these insurance companies what they want now, and we will come back and revisit the privacy issue after there is a catastrophic compromise of privacy affecting millions of American families. That is not exercising the responsibility that should be exercised. Vote "no" on this rule. Vote "no" on this bill.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, Yeats wrote many wonderful, beautiful things. We in the Rules Committee deal with reality. The reality of the rule that we bring to the floor today in order to bring the underlying legislation on information technology for the health care industry brings forth and authorizes six amendments, six amendments to be debated by this House.

Our function is to listen, and we listened hour after hour after hour after hour, with great respect, in the Rules Committee to our colleagues who come forth with multiple ideas. We bring forth six amendments for the consideration of this entire body today. Of the six amendments, four are authored by Members of the opposition, of the Democrat Party; one is a bipartisan amendment, Republican and Democrat; and one is a Republican amendment. We think we are being fair, Mr. Speaker.

So we seek not to bring forth the beauty of Yeats, but in dealing with reality, in dealing with listening to hours of testimony from our colleagues, in authorizing four amendments of Democrats, one of a Republican, one of a bipartisan nature, we think we have done a fair job. And that is what we have authorized for consideration, for debate by this House in the rule that brings forward this very important legislation that we will be hearing about, and we will be hearing about as the authors of the legislation explain it in detail.

I am very proud to be a supporter of the legislation. It is important that information technology reach as much of the health care industry, patients, as possible so that mistakes are avoided, and so that access to the great advances of technology are made available to the largest number of people. There are important issues that this legislation is going to be bringing forth and dealing with and that this debate will entail.

□ 1115

Now, obviously in order for debate to begin, we have to pass the rule which sets the terms of the debate. We are proud of those terms of debate, the extraordinarily fair nature of the terms of that debate. As I have said, Mr. Speaker, four amendments made in order are Democrat amendments, one is a Republican amendment, one is a bipartisan amendment.

Mr. Speaker, I reserve the balance of my time.

Ms. MATSUI. Mr. Speaker, I yield 4 minutes to my good friend, the gentleman from Rhode Island (Mr. KENNEDY).



Mr. KENNEDY of Rhode Island. Mr. Speaker, I thank the gentlewoman for yielding me this time.

Mr. Speaker, I have been working on this issue for several years. I have met with countless groups across this country. I have forged bipartisan relationships to bring a solid piece of legislation before this House, and today I am disappointed to say that this legislation does not meet the mark.

The Congressional Budget Office itself has said this legislation, quote, would not significantly affect either the rate at which the use of health technology will grow or how well that technology will be designed and implemented.

So what is the point? If we cannot get this technology in the hands of the providers, what are we doing here? This legislation does not require us to adopt standards that are interoperability standards for all on a date certain. We need to do this within the next year and a half. We could do this within the next year.

We should be taking this opportunity and passing real health care information technology legislation; but, instead, we are passing a shadow of a bill that misses the opportunity to pass real opportunities for savings, both in people's lives and in countless dollars across this country.

Mr. Speaker, we spend twice what every other industrialized nation spends on health care. It is the worst system when it comes to employers paying incredible premiums. We see employees paying incredible premiums. We are seeing providers complain. Nobody is happy with the current health care system; and, yet, what are we doing about it? We are missing the opportunity today.

We could provide technology today that would help us implement quality standards so that when you are being treated, whether it is in Iowa or Rhode Island or New York, you get the same standard of care. But are those quality provisions in this bill? No, they are not.

We can make sure that we have provisions in this bill to have the privacy protections in place, as Mr. MARKEY just talked about. Are they in this bill? No, they are not.

How can we have an IT bill that does not set a date certain for technology, that does not have quality provisions in place so that we can use technology to bring the best and evidence-based medicines to the bedside? How can we not have provisions to protect privacy in an age when we are going electronic in health care records?

Mr. Speaker, this bill falls way short of our opportunities to make a fundamental change in our health care system. I am sorry I am going to have to oppose this rule. I am going to have to oppose this bill because I think it falls way short of the opportunities we have been given to make the most of this chance to get a better health care system today. We are squandering that

chance. For that reason, I will oppose the rule and oppose the underlying bill.

Ms. MATSUI. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am asking Members to vote "no" on the previous question so I can amend this rule and allow the House to consider the Dingell-Rangel substitute. This substitute was offered in the Rules Committee last night, but was blocked on a straight party-line vote.

Mr. Speaker, I ask unanimous consent to print the text of the amendment and extraneous materials immediately prior to the vote on the previous question.

The SPEAKER pro tempore (Mr. PRICE of Georgia). Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. MATSUI. Mr. Speaker, I believe the Dingell-Rangel substitute offers Members a far better choice than the underlying bill.

This substitute is based on the bipartisan bill that was introduced by Senators FRIST, ENZI, KENNEDY and CLINTON and passed unanimously by the Senate last November. This substitute also contains important privacy protections necessary in this new electronic world.

The Democratic substitute requires the Federal Government to take a leading role in the adoption of standards for technology and adopting technology that will permit providers and others to communicate to each other electronically. This substitute will provide \$257 million in grants and loans for providers and regional collaboratives to buy and implement health information technology.

This substitute also provides privacy protections beyond those in current law to ensure that patients' health information is secure. It requires that all individuals and entities with access to personal health information must comply with privacy protections to maintain patient confidentiality. The substitute also requires data encryption to prevent security breaches and the notification of patients in case of a security breach. Finally, it allows patients to seek redress when their privacy is breached.

I want Members to be aware that a "no" vote will not stop us from considering H.R. 4157. A "no" vote will simply allow the Dingell-Rangel substitute to be considered by this House by an up-or-down vote.

Vote "no" on the previous question so we can consider this important and responsible substitute.

Mr. Speaker, I yield back the balance of my time.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I yield myself such time as I may consume.

I thank all of my colleagues who have participated in this very interesting debate today. Much has been made by opponents of the legislation of arguments with regard to privacy pro-

tections. I think it is relevant and should be pointed out that the very significant and extensive privacy protections contained in the Health Insurance Portability and Accountability Act of 1996 are not reduced in any way by this legislation that we bring forth to the floor today.

In fact, the American Psychiatric Association, the American Psychological Association, the National Association of Social Workers, the National Mental Health Association have said in a letter to the Energy and Commerce Committee, "The Energy and Commerce language ensures that the current protections in the Health Insurance Portability and Accountability Act of 1996 are maintained, and we wish to commend the approach to privacy protections that the Energy and Commerce Committee proposes to take."

I mean, it is relevant to point this out because much has been said that would seem or could be interpreted to contradict what I have just read from the American Psychiatric Association, the American Psychological Association, the National Association of Social Workers, the National Mental Health Association, very responsible entities that look out for the interests of many citizens who receive health care.

So, Mr. Speaker, urging the support of the underlying legislation, I also urge all of my colleagues to support this rule, which is very fair, makes more than twice as many amendments by Democrats than by Republicans in order. It is precisely in our interest to go the extra mile for fairness.

Mr. DINGELL. Mr. Speaker, I rise in strong opposition to this rule. There once was a time when we considered legislation under open rules. Any Member could offer an amendment. That was the way I, as chairman of the Committee on Energy and Commerce, brought bills to the House floor.

Eventually amendments were limited, perhaps under the guise of efficiency. But certainly the minority should be allowed to offer an alternative. Democrats brought an alternative to the Committee on Rules. It was supported by every Democrat on our committee.

It was not a radical alternative. It was identical to the bill that passed the Senate unanimously, with the addition of language to protect patient privacy. Yet this rule blocks the offering of our proposal.

If my Republican colleagues disagree with this substitute, fine—vote against it, but don't hide behind a rule that prevents us from offering it.

If we had an open rule, we could fairly debate this important issue. All of us want to improve health information technology. One hundred Senators voted for a bill to do so, but under this closed rule, if a Member of the House wanted to offer that Senate bill, which was sponsored by Republican Majority Leader FRIST, along with Senator ENZI, KENNEDY, and CLINTON, he or she could not do so.

That's right—my rubber stamp Republican colleagues are about to pass a rule that makes sure that a bill that passed unanimously in the Senate cannot even get a vote in the House. It is a closed rule and that

means only amendments that the Republican leaders can accept will get a vote.

I have read that many of my Republican colleagues are trying to distance themselves from the policies of the House Republican leadership. Well, here is your chance. Reject a rule that prohibits Members from offering a substitute that consists of a bill passed unanimously by 100 Senators. Reject a rule that prohibits an amendment dealing with the privacy of personal medical records.

But we know the fix is in. Why else did not a single Republican Member go to the Rules Committee to ask for a rule to allow them to offer a bill supported by 100 Senators? Why else did not a single Republican Member care to offer an amendment to protect the privacy of medical records?

A vote for this closed rule is, quite simply, a vote against bipartisanship. It is a vote against privacy protections for Americans. And it is a vote against getting a bill signed into law this Congress.

The material previously referred to by Ms. MATSUI is as follows:

PREVIOUS QUESTION FOR H. RES. 952—H.R. 4157 HEALTH INFORMATION TECHNOLOGY PROMOTION ACT OF 2006

At the end of the resolution, add the following:

SEC. 4. Notwithstanding any other provision of this resolution the amendment specified in section 5 shall be in order as though printed after the amendment numbered 6 in the report of the Committee on Rules if offered by Representative Dingell of Michigan or Representative Rangel of New York or a designee. That amendment shall be debatable for 30 minutes equally divided and controlled by the proponent and an opponent.

SEC. 5. The amendment referred to in section 2 is as follows:

AMENDMENT IN THE NATURE OF A SUBSTITUTE  
TO H.R. 4157, AS REPORTED

Strike all after the enacting clause and insert the following:

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Wired for Health Care Quality Act".

#### SEC. 2. IMPROVING HEALTH CARE QUALITY, SAFETY, AND EFFICIENCY.

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by adding at the end the following:

#### "TITLE XXIX—HEALTH INFORMATION TECHNOLOGY AND QUALITY

##### "SEC. 2901. DEFINITIONS.

"In this title:

"(1) **HEALTH CARE PROVIDER.**—The term 'health care provider' means a hospital, skilled nursing facility, home health entity, health care clinic, federally qualified health center, group practice (as defined in section 1877(h)(4) of the Social Security Act), a pharmacist, a pharmacy, a laboratory, a physician (as defined in section 1861(r) of the Social Security Act), a practitioner (as defined in section 1842(b)(18)(CC) of the Social Security Act), a health facility operated by or pursuant to a contract with the Indian Health Service, a rural health clinic, and any other category of facility or clinician determined appropriate by the Secretary.

"(2) **HEALTH INFORMATION.**—The term 'health information' has the meaning given such term in section 1171(4) of the Social Security Act.

"(3) **HEALTH INSURANCE PLAN.**—The term 'health insurance plan' means—

"(A) a health insurance issuer (as defined in section 2791(b)(2));

"(B) a group health plan (as defined in section 2791(a)(1)); and

"(C) a health maintenance organization (as defined in section 2791(b)(3)).

"(4) **INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.**—The term 'individually identifiable health information' has the meaning given such term in section 1171 of the Social Security Act.

"(5) **LABORATORY.**—The term 'laboratory' has the meaning given that term in section 353.

"(6) **PHARMACIST.**—The term 'pharmacist' has the meaning given that term in section 804 of the Federal Food, Drug, and Cosmetic Act.

"(7) **QUALIFIED HEALTH INFORMATION TECHNOLOGY.**—The term 'qualified health information technology' means a computerized system (including hardware and software) that—

"(A) protects the privacy and security of health information;

"(B) maintains and provides permitted access to health information in an electronic format;

"(C) incorporates decision support to reduce medical errors and enhance health care quality;

"(D) complies with the standards adopted by the Federal Government under section 2903; and

"(E) allows for the reporting of quality measures under section 2908.

"(8) **STATE.**—The term 'State' means each of the several States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

#### "SEC. 2902. OFFICE OF THE NATIONAL COORDINATOR OF HEALTH INFORMATION TECHNOLOGY.

"(a) **OFFICE OF NATIONAL HEALTH INFORMATION TECHNOLOGY.**—There is established within the Office of the Secretary an Office of the National Coordinator of Health Information Technology (referred to in this section as the 'Office'). The Office shall be headed by a National Coordinator who shall be appointed by the Secretary and shall report directly to the Secretary.

"(b) **PURPOSE.**—It shall be the purpose of the Office to coordinate with relevant Federal agencies and private entities and oversee programs and activities to develop a nationwide interoperable health information technology infrastructure that—

"(1) ensures that patients' individually identifiable health information is secure and protected;

"(2) improves health care quality, reduces medical errors, and advances the delivery of patient-centered medical care;

"(3) reduces health care costs resulting from inefficiency, medical errors, inappropriate care, and incomplete information;

"(4) ensures that appropriate information to help guide medical decisions is available at the time and place of care;

"(5) promotes a more effective marketplace, greater competition, and increased choice through the wider availability of accurate information on health care costs, quality, and outcomes;

"(6) improves the coordination of care and information among hospitals, laboratories, physician offices, and other entities through an effective infrastructure for the secure and authorized exchange of health care information;

"(7) improves public health reporting and facilitates the early identification and rapid response to public health threats and emergencies, including bioterror events and infectious disease outbreaks;

"(8) facilitates health research; and

"(9) promotes prevention of chronic diseases.

"(c) **DUTIES OF THE NATIONAL COORDINATOR.**—The National Coordinator shall—

"(1) serve as the principal advisor to the Secretary concerning the development, application, and use of health information technology, and coordinate and oversee the health information technology programs of the Department;

"(2) facilitate the adoption of a nationwide, interoperable system for the electronic exchange of health information;

"(3) ensure the adoption and implementation of standards for the electronic exchange of health information to reduce cost and improve health care quality;

"(4) ensure that health information technology policy and programs of the Department are coordinated with those of relevant executive branch agencies (including Federal commissions) with a goal of avoiding duplication of efforts and of helping to ensure that each agency undertakes health information technology activities primarily within the areas of its greatest expertise and technical capability;

"(5) to the extent permitted by law, coordinate outreach and consultation by the relevant executive branch agencies (including Federal commissions) with public and private parties of interest, including consumers, payers, employers, hospitals and other health care providers, physicians, community health centers, laboratories, vendors and other stakeholders;

"(6) advise the President regarding specific Federal health information technology programs; and

"(7) prepare the reports described under section 2903(i) (excluding paragraph (4) of such section).

"(d) **DETAIL OF FEDERAL EMPLOYEES.**—

"(1) **IN GENERAL.**—Upon the request of the National Coordinator, the head of any Federal agency is authorized to detail, with or without reimbursement from the Office, any of the personnel of such agency to the Office to assist it in carrying out its duties under this section.

"(2) **EFFECT OF DETAIL.**—Any detail of personnel under paragraph (1) shall—

"(A) not interrupt or otherwise affect the civil service status or privileges of the Federal employee; and

"(B) be in addition to any other staff of the Department employed by the National Coordinator.

"(3) **ACCEPTANCE OF DETAILEES.**—Notwithstanding any other provision of law, the Office may accept detailed personnel from other Federal agencies without regard to whether the agency described under paragraph (1) is reimbursed.

"(e) **RULE OF CONSTRUCTION.**—Nothing in this section shall be construed to require the duplication of Federal efforts with respect to the establishment of the Office, regardless of whether such efforts were carried out prior to or after the enactment of this title.

"(f) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section, \$5,000,000 for fiscal year 2007, \$5,000,000 for fiscal year 2008, and such sums as may be necessary for each of fiscal years 2009 through 2011.

#### "SEC. 2903. AMERICAN HEALTH INFORMATION COLLABORATIVE.

"(a) **PURPOSE.**—The Secretary shall establish the public-private American Health Information Collaborative (referred to in this section as the 'Collaborative') to—

"(1) advise the Secretary and recommend specific actions to achieve a nationwide interoperable health information technology infrastructure;

"(2) serve as a forum for the participation of a broad range of stakeholders to provide input on achieving the interoperability of health information technology; and

“(3) recommend standards (including content, communication, and security standards) for the electronic exchange of health information (including for the reporting of quality data under section 2908) for adoption by the Federal Government and voluntary adoption by private entities.

“(b) COMPOSITION.—

“(1) IN GENERAL.—The Collaborative shall be composed of members of the public and private sectors to be appointed by the Secretary, including representatives from—

“(A) consumer or patient organizations;

“(B) organizations with expertise in privacy and security;

“(C) health care providers;

“(D) health insurance plans or other third party payors;

“(E) information technology vendors; and

“(F) purchasers or employers.

“(2) PARTICIPATION.—In appointing members under paragraph (1), and in developing the procedures for conducting the activities of the Collaborative, the Secretary shall ensure a balance among various sectors of the health care system so that no single sector unduly influences the recommendations of the Collaborative.

“(3) TERMS.—Members appointed under paragraph (1) shall serve for 2 year terms, except that any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve for not to exceed 180 days after the expiration of such member's term or until a successor has been appointed.

“(4) OUTSIDE INVOLVEMENT.—With respect to the functions of the Collaborative, the Secretary shall ensure an adequate opportunity for the participation of outside advisors, including individuals with expertise in—

“(A) health information privacy;

“(B) health information security;

“(C) health care quality and patient safety, including individuals with expertise in utilizing health information technology to improve health care quality and patient safety;

“(D) data exchange; and

“(E) developing health information technology standards and new health information technology.

“(c) RECOMMENDATIONS AND POLICIES.—Not later than 1 year after the date of enactment of this title, and annually thereafter, the Collaborative shall recommend to the Secretary uniform national policies for adoption by the Federal Government and voluntary adoption by private entities to support the widespread adoption of health information technology, including—

“(1) protection of individually identifiable health information through privacy and security practices;

“(2) measures to prevent unauthorized access to health information, including unauthorized access through the use of certain peer-to-peer file-sharing applications;

“(3) methods to notify patients if their individually identifiable health information is wrongfully disclosed;

“(4) methods to facilitate secure patient access to health information;

“(5) fostering the public understanding of health information technology;

“(6) the ongoing harmonization of industry-wide health information technology standards;

“(7) recommendations for a nationwide interoperable health information technology infrastructure;

“(8) the identification and prioritization of specific use cases for which health information technology is valuable, beneficial, and feasible;

“(9) recommendations for the establishment of an entity to ensure the continuation of the functions of the Collaborative; and

“(10) other policies (including recommendations for incorporating health information technology into the provision of care and the organization of the health care workplace) determined to be necessary by the Collaborative.

“(d) STANDARDS.—

“(1) EXISTING STANDARDS.—The standards adopted by the Consolidated Health Informatics Initiative shall be deemed to have been recommended by the Collaborative under this section.

“(2) FIRST YEAR REVIEW.—Not later than 1 year after the date of enactment of this title, the Collaborative shall—

“(A) review existing standards (including content, communication, and security standards) for the electronic exchange of health information;

“(B) identify deficiencies and omissions in such existing standards; and

“(C) identify duplication and overlap in such existing standards;

and recommend new standards and modifications to such existing standards as necessary.

“(3) ONGOING REVIEW.—Beginning 1 year after the date of enactment of this title, and annually thereafter, the Collaborative shall—

“(A) review existing standards (including content, communication, and security standards) for the electronic exchange of health information;

“(B) identify deficiencies and omissions in such existing standards; and

“(C) identify duplication and overlap in such existing standards;

and recommend new standards and modifications to such existing standards as necessary.

“(4) LIMITATION.—The standards and timeframe for adoption described in this section shall be consistent with any standards developed pursuant to the Health Insurance Portability and Accountability Act of 1996.

“(e) FEDERAL ACTION.—Not later than 90 days after the issuance of a recommendation from the Collaborative under subsection (d)(2), the Secretary of Health and Human Services, the Secretary of Veterans Affairs, and the Secretary of Defense, in collaboration with representatives of other relevant Federal agencies, as determined appropriate by the Secretary, shall jointly review such recommendations. If appropriate, the Secretary shall provide for the adoption by the Federal Government of any standard or standards contained in such recommendation.

“(f) COORDINATION OF FEDERAL SPENDING.—

“(1) IN GENERAL.—Not later than 1 year after the adoption by the Federal Government of a recommendation as provided for in subsection (e), and in compliance with chapter 113 of title 40, United States Code, no Federal agency shall expend Federal funds for the purchase of any new health information technology or health information technology system for clinical care or for the electronic retrieval, storage, or exchange of health information that is not consistent with applicable standards adopted by the Federal Government under subsection (e).

“(2) RULE OF CONSTRUCTION.—Nothing in paragraph (1) shall be construed to restrict the purchase of minor (as determined by the Secretary) hardware or software components in order to modify, correct a deficiency in, or extend the life of existing hardware or software.

“(g) COORDINATION OF FEDERAL DATA COLLECTION.—Not later than 3 years after the adoption by the Federal Government of a recommendation as provided for in subsection (e), all Federal agencies collecting health data for the purposes of quality re-

porting, surveillance, epidemiology, adverse event reporting, research, or for other purposes determined appropriate by the Secretary, shall comply with standards adopted under subsection (e).

“(h) VOLUNTARY ADOPTION.—

“(1) IN GENERAL.—Any standards adopted by the Federal Government under subsection (e) shall be voluntary with respect to private entities.

“(2) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to require that a private entity that enters into a contract with the Federal Government adopt the standards adopted by the Federal Government under this section with respect to activities not related to the contract.

“(3) LIMITATION.—Private entities that enter into a contract with the Federal Government shall adopt the standards adopted by the Federal Government under this section for the purpose of activities under such Federal contract.

“(i) REPORTS.—The Secretary shall submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Finance of the Senate and the Committee on Energy and Commerce and the Committee on Ways and Means of the House of Representatives, on an annual basis, a report that—

“(1) describes the specific actions that have been taken by the Federal Government and private entities to facilitate the adoption of an interoperable nationwide system for the electronic exchange of health information;

“(2) describes barriers to the adoption of such a nationwide system;

“(3) contains recommendations to achieve full implementation of such a nationwide system; and

“(4) contains a plan and progress toward the establishment of an entity to ensure the continuation of the functions of the Collaborative.

“(j) APPLICATION OF FACA.—The Federal Advisory Committee Act (5 U.S.C. App.) shall apply to the Collaborative, except that the term provided for under section 14(a)(2) shall be 5 years.

“(k) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to require the duplication of Federal efforts with respect to the establishment of the Collaborative, regardless of whether such efforts were carried out prior to or after the enactment of this title.

“(l) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, \$4,000,000 for fiscal year 2007, \$4,000,000 for fiscal year 2008, and such sums as may be necessary for each of fiscal years 2009 through 2011.

**“SEC. 2904. IMPLEMENTATION AND CERTIFICATION OF HEALTH INFORMATION STANDARDS.**

**“(a) IMPLEMENTATION.—**

“(1) IN GENERAL.—The Secretary, based upon the recommendations of the Collaborative, shall develop criteria to ensure uniform and consistent implementation of any standards for the electronic exchange of health information voluntarily adopted by private entities in technical conformance with such standards adopted under this title.

“(2) IMPLEMENTATION ASSISTANCE.—The Secretary may recognize a private entity or entities to assist private entities in the implementation of the standards adopted under this title using the criteria developed by the Secretary under this section.

**“(b) CERTIFICATION.—**

“(1) IN GENERAL.—The Secretary, based upon the recommendations of the Collaborative, shall develop criteria to ensure and certify that hardware and software that claim to be in compliance with applicable standards for the electronic exchange of

health information adopted under this title have established and maintained such compliance in technical conformance with such standards.

“(2) CERTIFICATION ASSISTANCE.—The Secretary may recognize a private entity or entities to assist in the certification described under paragraph (1) using the criteria developed by the Secretary under this section.

“(c) OUTSIDE INVOLVEMENT.—The Secretary, through consultation with the Colaborative, may accept recommendations on the development of the criteria under subsections (a) and (b) from a Federal agency or private entity.

**“SEC. 2905. PRIVACY AND SECURITY PROTECTIONS.**

“(a) IN GENERAL.—The Secretary shall provide for standards for health information technology (as such term is used in this title) that include the following privacy and security protections:

“(1) Except as provided in succeeding paragraphs, each entity must—

“(A) expressly recognize the individual's right to privacy and security with respect to the electronic disclosure of such information;

“(B) permit individuals to exercise their right to privacy and security in the electronic disclosure of such information to another entity by obtaining the individual's written or electronic informed consent, which consent may authorize multiple disclosures;

“(C) permit an individual to prohibit access to certain categories of individuals (as defined by the Secretary) of particularly sensitive information, including data relating to infection with the human immunodeficiency virus (HIV), to mental health, to sexually transmitted diseases, to reproductive health, to domestic violence, to substance abuse treatment, to genetic testing or information, to diabetes, and other information as defined by the Secretary after consent has been provided under subparagraph (B).

“(2) Informed consent may be inferred, in the absence of a contrary indication by the individual—

“(A) to the extent necessary to provide treatment and obtain payment for health care in emergency situations;

“(B) to the extent necessary to provide treatment and payment where the health care provider is required by law to treat the individual;

“(C) if the health care provider is unable to obtain consent due to substantial barriers to communicating with the individual and the provider reasonably infers from the circumstances, based upon the exercise of professional judgment, that the individual does not object to the disclosure or that the disclosure is in the best interest of the individual; and

“(D) to the extent that the information is necessary to carry out or otherwise implement a medical practitioner's order or prescription for health services, medical devices or supplies, or pharmaceuticals.

“(3) The protections must prohibit the improper use and disclosure of individually identifiable health information by any entity.

“(4) The protections must provide any individual a right to obtain damages and other relief against any entity for the entity's improper use or disclosure of individually identifiable health information.

“(5) The protections must require the use of reasonable safeguards, including audit capabilities, encryption and other technologies that make data unusable to unauthorized persons, and other measures, against the risk of loss or unauthorized access, destruc-

tion, use, modification, or disclosure of individually identifiable health information.

“(6) The protections must provide for notification to any individual whose individually identifiable health information has been lost, stolen, or used for an unauthorized purpose by the entity responsible for the information and notification by the entity to the Secretary.

“(b) LIST OF ENTITIES.—The Secretary shall maintain a public list identifying entities whose health information has been lost, stolen, or used in an unauthorized purpose as described in subsection (a)(6) and how many patients were affected by such action.

“(c) CONSTRUCTION.—Nothing in this section shall be construed as superseding, altering, or affecting (in whole or in part) any statute, regulation, order, or interpretation in effect in any State that affords any person privacy and security protections greater than that the privacy and security protections described in subsection (a), as determined by the Secretary.

**“SEC. 2906. GRANTS TO FACILITATE THE WIDESPREAD ADOPTION OF INTEROPERABLE HEALTH INFORMATION TECHNOLOGY.**

“(a) COMPETITIVE GRANTS TO FACILITATE THE WIDESPREAD ADOPTION OF HEALTH INFORMATION TECHNOLOGY.—

“(1) IN GENERAL.—The Secretary may award competitive grants to eligible entities to facilitate the purchase and enhance the utilization of qualified health information technology systems to improve the quality and efficiency of health care.

“(2) ELIGIBILITY.—To be eligible to receive a grant under paragraph (1) an entity shall—

“(A) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require;

“(B) submit to the Secretary a strategic plan for the implementation of data sharing and interoperability measures;

“(C) be a—

“(i) not for profit hospital, including a federally qualified health center (as defined in section 1861(aa)(4) of the Social Security Act);

“(ii) individual or group practice; or

“(iii) another health care provider not described in clause (i) or (ii);

“(D) adopt the standards adopted by the Federal Government under section 2903;

“(E) implement the measures adopted under section 2908 and report to the Secretary on such measures;

“(F) agree to notify patients if their individually identifiable health information is wrongfully disclosed;

“(G) demonstrate significant financial need; and

“(H) provide matching funds in accordance with paragraph (4).

“(3) USE OF FUNDS.—Amounts received under a grant under this subsection shall be used to facilitate the purchase and enhance the utilization of qualified health information technology systems and training personnel in the use of such technology.

“(4) MATCHING REQUIREMENT.—To be eligible for a grant under this subsection an entity shall contribute non-Federal contributions to the costs of carrying out the activities for which the grant is awarded in an amount equal to \$1 for each \$3 of Federal funds provided under the grant.

“(5) PREFERENCE IN AWARDING GRANTS.—In awarding grants under this subsection the Secretary shall give preference to—

“(A) eligible entities that are located in rural, frontier, and other underserved areas as determined by the Secretary;

“(B) eligible entities that will link, to the extent practicable, the qualified health information system to local or regional health information plan or plans; and

“(C) with respect to an entity described in subsection (a)(2)(C)(iii), a nonprofit health care provider.

“(b) COMPETITIVE GRANTS TO STATES FOR THE DEVELOPMENT OF STATE LOAN PROGRAMS TO FACILITATE THE WIDESPREAD ADOPTION OF HEALTH INFORMATION TECHNOLOGY.—

“(1) IN GENERAL.—The Secretary may award competitive grants to States for the establishment of State programs for loans to health care providers to facilitate the purchase and enhance the utilization of qualified health information technology.

“(2) ESTABLISHMENT OF FUND.—To be eligible to receive a competitive grant under this subsection, a State shall establish a qualified health information technology loan fund (referred to in this subsection as a ‘State loan fund’) and comply with the other requirements contained in this section. A grant to a State under this subsection shall be deposited in the State loan fund established by the State. No funds authorized by other provisions of this title to be used for other purposes specified in this title shall be deposited in any State loan fund.

“(3) ELIGIBILITY.—To be eligible to receive a grant under paragraph (1) a State shall—

“(A) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require;

“(B) submit to the Secretary a strategic plan in accordance with paragraph (4);

“(C) establish a qualified health information technology loan fund in accordance with paragraph (2);

“(D) require that health care providers receiving such loans—

“(i) link, to the extent practicable, the qualified health information system to a local or regional health information network;

“(ii) consult with the Health Information Technology Resource Center established in section 914(d) to access the knowledge and experience of existing initiatives regarding the successful implementation and effective use of health information technology; and

“(iii) agree to notify patients if their individually identifiable health information is wrongfully disclosed;

“(E) require that health care providers receiving such loans adopt the standards adopted by the Federal Government under section 2903;

“(F) require that health care providers receiving such loans implement the measures adopted under section 2908 and report to the Secretary on such measures; and

“(G) provide matching funds in accordance with paragraph (8).

“(4) STRATEGIC PLAN.—

“(A) IN GENERAL.—A State that receives a grant under this subsection shall annually prepare a strategic plan that identifies the intended uses of amounts available to the State loan fund of the State.

“(B) CONTENTS.—A strategic plan under subparagraph (A) shall include—

“(i) a list of the projects to be assisted through the State loan fund in the first fiscal year that begins after the date on which the plan is submitted;

“(ii) a description of the criteria and methods established for the distribution of funds from the State loan fund; and

“(iii) a description of the financial status of the State loan fund and the short-term and long-term goals of the State loan fund.

“(5) USE OF FUNDS.—

“(A) IN GENERAL.—Amounts deposited in a State loan fund, including loan repayments and interest earned on such amounts, shall be used only for awarding loans or loan guarantees, or as a source of reserve and security for leveraged loans, the proceeds of which

are deposited in the State loan fund established under paragraph (1). Loans under this section may be used by a health care provider to facilitate the purchase and enhance the utilization of qualified health information technology and training of personnel in the use of such technology.

“(B) LIMITATION.—Amounts received by a State under this subsection may not be used—

“(i) for the purchase or other acquisition of any health information technology system that is not a qualified health information technology system;

“(ii) to conduct activities for which Federal funds are expended under this title, or the amendments made by the Wired for Health Care Quality Act; or

“(iii) for any purpose other than making loans to eligible entities under this section.

“(6) TYPES OF ASSISTANCE.—Except as otherwise limited by applicable State law, amounts deposited into a State loan fund under this subsection may only be used for the following:

“(A) To award loans that comply with the following:

“(i) The interest rate for each loan shall be less than or equal to the market interest rate.

“(ii) The principal and interest payments on each loan shall commence not later than 1 year after the loan was awarded, and each loan shall be fully amortized not later than 10 years after the date of the loan.

“(iii) The State loan fund shall be credited with all payments of principal and interest on each loan awarded from the fund.

“(B) To guarantee, or purchase insurance for, a local obligation (all of the proceeds of which finance a project eligible for assistance under this subsection) if the guarantee or purchase would improve credit market access or reduce the interest rate applicable to the obligation involved.

“(C) As a source of revenue or security for the payment of principal and interest on revenue or general obligation bonds issued by the State if the proceeds of the sale of the bonds will be deposited into the State loan fund.

“(D) To earn interest on the amounts deposited into the State loan fund.

“(7) ADMINISTRATION OF STATE LOAN FUNDS.—

“(A) COMBINED FINANCIAL ADMINISTRATION.—A State may (as a convenience and to avoid unnecessary administrative costs) combine, in accordance with State law, the financial administration of a State loan fund established under this subsection with the financial administration of any other revolving fund established by the State if otherwise not prohibited by the law under which the State loan fund was established.

“(B) COST OF ADMINISTERING FUND.—Each State may annually use not to exceed 4 percent of the funds provided to the State under a grant under this subsection to pay the reasonable costs of the administration of the programs under this section, including the recovery of reasonable costs expended to establish a State loan fund which are incurred after the date of enactment of this title.

“(C) GUIDANCE AND REGULATIONS.—The Secretary shall publish guidance and promulgate regulations as may be necessary to carry out the provisions of this subsection, including—

“(i) provisions to ensure that each State commits and expends funds allotted to the State under this subsection as efficiently as possible in accordance with this title and applicable State laws; and

“(ii) guidance to prevent waste, fraud, and abuse.

“(D) PRIVATE SECTOR CONTRIBUTIONS.—

“(i) IN GENERAL.—A State loan fund established under this subsection may accept contributions from private sector entities, except that such entities may not specify the recipient or recipients of any loan issued under this subsection.

“(ii) AVAILABILITY OF INFORMATION.—A State shall make publicly available the identity of, and amount contributed by, any private sector entity under clause (i) and may issue letters of commendation or make other awards (that have no financial value) to any such entity.

“(8) MATCHING REQUIREMENTS.—

“(A) IN GENERAL.—The Secretary may not make a grant under paragraph (1) to a State unless the State agrees to make available (directly or through donations from public or private entities) non-Federal contributions in cash toward the costs of the State program to be implemented under the grant in an amount equal to not less than \$1 for each \$1 of Federal funds provided under the grant.

“(B) DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTION.—In determining the amount of non-Federal contributions that a State has provided pursuant to subparagraph (A), the Secretary may not include any amounts provided to the State by the Federal Government.

“(9) PREFERENCE IN AWARDING GRANTS.—The Secretary may give a preference in awarding grants under this subsection to States that adopt value-based purchasing programs to improve health care quality.

“(10) REPORTS.—The Secretary shall annually submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Finance of the Senate, and the Committee on Energy and Commerce and the Committee on Ways and Means of the House of Representatives, a report summarizing the reports received by the Secretary from each State that receives a grant under this subsection.

“(C) COMPETITIVE GRANTS FOR THE IMPLEMENTATION OF REGIONAL OR LOCAL HEALTH INFORMATION TECHNOLOGY PLANS.—

“(1) IN GENERAL.—The Secretary may award competitive grants to eligible entities to implement regional or local health information plans to improve health care quality and efficiency through the electronic exchange of health information pursuant to the standards, protocols, and other requirements adopted by the Secretary under sections 2903 and 2908.

“(2) ELIGIBILITY.—To be eligible to receive a grant under paragraph (1) an entity shall—

“(A) demonstrate financial need to the Secretary;

“(B) demonstrate that one of its principal missions or purposes is to use information technology to improve health care quality and efficiency;

“(C) adopt bylaws, memoranda of understanding, or other charter documents that demonstrate that the governance structure and decisionmaking processes of such entity allow for participation on an ongoing basis by multiple stakeholders within a community, including—

“(i) physicians (as defined in section 1861(r) of the Social Security Act), including physicians that provide services to low income and underserved populations;

“(ii) hospitals (including hospitals that provide services to low income and underserved populations);

“(iii) pharmacists or pharmacies;

“(iv) health insurance plans;

“(v) health centers (as defined in section 330(b)) and Federally qualified health centers (as defined in section 1861(aa)(4) of the Social Security Act);

“(vi) rural health clinics (as defined in section 1861(aa) of the Social Security Act);

“(vii) patient or consumer organizations;

“(viii) employers; and

“(ix) any other health care providers or other entities, as determined appropriate by the Secretary;

“(D) demonstrate the participation, to the extent practicable, of stakeholders in the electronic exchange of health information within the local or regional plan pursuant to paragraph (2)(C);

“(E) adopt nondiscrimination and conflict of interest policies that demonstrate a commitment to open, fair, and nondiscriminatory participation in the health information plan by all stakeholders;

“(F) adopt the standards adopted by the Secretary under section 2903;

“(G) require that health care providers receiving such grants implement the measures adopted under section 2908 and report to the Secretary on such measures;

“(H) agree to notify patients if their individually identifiable health information is wrongfully disclosed;

“(I) facilitate the electronic exchange of health information within the local or regional area and among local and regional areas;

“(J) prepare and submit to the Secretary an application in accordance with paragraph (3); and

“(K) agree to provide matching funds in accordance with paragraph (5).

“(3) APPLICATION.—

“(A) IN GENERAL.—To be eligible to receive a grant under paragraph (1), an entity shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(B) REQUIRED INFORMATION.—At a minimum, an application submitted under this paragraph shall include—

“(i) clearly identified short-term and long-term objectives of the regional or local health information plan;

“(ii) a technology plan that complies with the standards adopted under section 2903 and that includes a descriptive and reasoned estimate of costs of the hardware, software, training, and consulting services necessary to implement the regional or local health information plan;

“(iii) a strategy that includes initiatives to improve health care quality and efficiency, including the use and reporting of health care quality measures adopted under section 2908;

“(iv) a plan that describes provisions to encourage the implementation of the electronic exchange of health information by all physicians, including single physician practices and small physician groups participating in the health information plan;

“(v) a plan to ensure the privacy and security of personal health information that is consistent with Federal and State law;

“(vi) a governance plan that defines the manner in which the stakeholders shall jointly make policy and operational decisions on an ongoing basis;

“(vii) a financial or business plan that describes—

“(I) the sustainability of the plan;

“(II) the financial costs and benefits of the plan; and

“(III) the entities to which such costs and benefits will accrue; and

“(viii) in the case of an applicant entity that is unable to demonstrate the participation of all stakeholders pursuant to paragraph (2)(C), the justification from the entity for any such nonparticipation.

“(4) USE OF FUNDS.—Amounts received under a grant under paragraph (1) shall be used to establish and implement a regional or local health information plan in accordance with this subsection.

“(5) MATCHING REQUIREMENT.—

“(A) IN GENERAL.—The Secretary may not make a grant under this subsection to an entity unless the entity agrees that, with respect to the costs to be incurred by the entity in carrying out the infrastructure program for which the grant was awarded, the entity will make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount equal to not less than 50 percent of such costs (\$1 for each \$2 of Federal funds provided under the grant).

“(B) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required under subparagraph (A) may be in cash or in kind, fairly evaluated, including equipment, technology, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

“(d) REPORTS.—Not later than 1 year after the date on which the first grant is awarded under this section, and annually thereafter during the grant period, an entity that receives a grant under this section shall submit to the Secretary a report on the activities carried out under the grant involved. Each such report shall include—

“(1) a description of the financial costs and benefits of the project involved and of the entities to which such costs and benefits accrue;

“(2) an analysis of the impact of the project on health care quality and safety;

“(3) a description of any reduction in duplicative or unnecessary care as a result of the project involved;

“(4) a description of the efforts of recipients under this section to facilitate secure patient access to health information; and

“(5) other information as required by the Secretary.

“(e) REQUIREMENT TO ACHIEVE QUALITY IMPROVEMENT.—The Secretary shall annually evaluate the activities conducted under this section and shall, in awarding grants, implement the lessons learned from such evaluation in a manner so that awards made subsequent to each such evaluation are made in a manner that, in the determination of the Secretary, will result in the greatest improvement in quality measures under section 2908.

“(f) LIMITATION.—An eligible entity may only receive one non-renewable grant under subsection (a), one non-renewable grant under subsection (b), and one non-renewable grant under subsection (c).

“(g) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—For the purpose of carrying out this section, there is authorized to be appropriated \$116,000,000 for fiscal year 2007, \$141,000,000 for fiscal year 2008, and such sums as may be necessary for each of fiscal years 2009 through 2011.

“(2) AVAILABILITY.—Amounts appropriated under paragraph (1) shall remain available through fiscal year 2011.

**“SEC. 2907. DEMONSTRATION PROGRAM TO INTEGRATE INFORMATION TECHNOLOGY INTO CLINICAL EDUCATION.**

“(a) IN GENERAL.—The Secretary may award grants under this section to carry out demonstration projects to develop academic curricula integrating qualified health information technology systems in the clinical education of health professionals. Such awards shall be made on a competitive basis and pursuant to peer review.

“(b) ELIGIBILITY.—To be eligible to receive a grant under subsection (a), an entity shall—

“(1) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require;

“(2) submit to the Secretary a strategic plan for integrating qualified health information technology in the clinical education of health professionals and for ensuring the consistent utilization of decision support software to reduce medical errors and enhance health care quality;

“(3) be—

“(A) a health professions school;

“(B) a school of nursing; or

“(C) an institution with a graduate medical education program;

“(4) provide for the collection of data regarding the effectiveness of the demonstration project to be funded under the grant in improving the safety of patients, the efficiency of health care delivery, and in increasing the likelihood that graduates of the grantee will adopt and incorporate health information technology, and implement the quality measures adopted under section 2908, in the delivery of health care services; and

“(5) provide matching funds in accordance with subsection (c).

“(c) USE OF FUNDS.—

“(1) IN GENERAL.—With respect to a grant under subsection (a), an eligible entity shall—

“(A) use grant funds in collaboration with 2 or more disciplines; and

“(B) use grant funds to integrate qualified health information technology into community-based clinical education.

“(2) LIMITATION.—An eligible entity shall not use amounts received under a grant under subsection (a) to purchase hardware, software, or services.

“(d) MATCHING FUNDS.—

“(1) IN GENERAL.—The Secretary may award a grant to an entity under this section only if the entity agrees to make available non-Federal contributions toward the costs of the program to be funded under the grant in an amount that is not less than \$1 for each \$2 of Federal funds provided under the grant.

“(2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions under paragraph (1) may be in cash or in kind, fairly evaluated, including equipment or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such contributions.

“(e) EVALUATION.—The Secretary shall take such action as may be necessary to evaluate the projects funded under this section and publish, make available, and disseminate the results of such evaluations on as wide a basis as is practicable.

“(f) REPORTS.—Not later than 1 year after the date of enactment of this title, and annually thereafter, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Finance of the Senate, and the Committee on Energy and Commerce and the Committee on Ways and Means of the House of Representatives a report that—

“(1) describes the specific projects established under this section; and

“(2) contains recommendations for Congress based on the evaluation conducted under subsection (e).

“(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$5,000,000 for fiscal year 2007, and such sums as may be necessary for each of fiscal years 2008 through 2010.

“(h) SUNSET.—This section shall not apply after September 30, 2010.

**“SEC. 2908. QUALITY MEASURES.**

“(a) IN GENERAL.—The Secretary shall develop quality measures, including measures to assess the effectiveness, timeliness, patient self-management, patient centeredness, efficiency, and safety, for the purpose of

measuring the quality of care patients receive.

“(b) REQUIREMENTS.—The Secretary shall ensure that the quality measures developed under this section comply with the following:

“(1) MEASURES.—

“(A) REQUIREMENTS.—In developing the quality measures under this section, the Secretary shall, to the extent feasible, ensure that—

“(i) such measures are evidence based, reliable, and valid;

“(ii) such measures are consistent with the purposes described in section 2902(b);

“(iii) such measures include measures of clinical processes and outcomes, patient experience, efficiency, and equity; and

“(iv) such measures include measures of overuse and underuse of health care items and services.

“(2) PRIORITIES.—In developing the quality measures under this section, the Secretary shall ensure that priority is given to—

“(A) measures with the greatest potential impact for improving the quality and efficiency of care provided under this Act;

“(B) measures that may be rapidly implemented by group health plans, health insurance issuers, physicians, hospitals, nursing homes, long-term care providers, and other providers; and

“(C) measures which may inform health care decisions made by consumers and patients.

“(3) RISK ADJUSTMENT.—The Secretary shall establish procedures to account for differences in patient health status, patient characteristics, and geographic location. To the extent practicable, such procedures shall recognize existing procedures.

“(4) MAINTENANCE.—The Secretary shall, as determined appropriate, but in no case more often than once during each 12-month period, update the quality measures, including through the addition of more accurate and precise measures and the retirement of existing outdated measures.

“(5) RELATIONSHIP WITH PROGRAMS UNDER THE SOCIAL SECURITY ACT.—The Secretary shall ensure that the quality measures developed under this section—

“(A) complement quality measures developed by the Secretary under programs administered by the Secretary under the Social Security Act, including programs under titles XVIII, XIX, and XXI of such Act; and

“(B) do not conflict with the needs and priorities of the programs under titles XVIII, XIX, and XXI of such Act, as set forth by the Administrator of the Centers for Medicare & Medicaid Services.

“(c) REQUIRED CONSIDERATIONS IN DEVELOPING AND UPDATING THE MEASURES.—In developing and updating the quality measures under this section, the Secretary may take into account—

“(1) any demonstration or pilot program conducted by the Secretary relating to measuring and rewarding quality and efficiency of care;

“(2) any existing activities conducted by the Secretary relating to measuring and rewarding quality and efficiency;

“(3) any existing activities conducted by private entities, including health insurance plans and payors;

“(4) the report by the Institute of Medicine of the National Academy of Sciences under section 238(b) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003; and

“(5) issues of data collection and reporting, including the feasibility of collecting and reporting data on measures.

“(d) SOLICITATION OF ADVICE AND RECOMMENDATIONS.—On and after July 1, 2007,



the Secretary shall consult with the following regarding the development, updating, and use of quality measures developed under this section:

“(1) Health insurance plans and health care providers, including such plans and providers with experience in the care of the frail elderly and individuals with multiple complex chronic conditions, or groups representing such health insurance plans and providers.

“(2) Groups representing patients and consumers.

“(3) Purchasers and employers or groups representing purchasers or employers.

“(4) Organizations that focus on quality improvement as well as the measurement and reporting of quality measures.

“(5) Organizations that certify and license health care providers.

“(6) State government public health programs.

“(7) Individuals or entities skilled in the conduct and interpretation of biomedical, health services, and health economics research and with expertise in outcomes and effectiveness research and technology assessment.

“(8) Individuals or entities involved in the development and establishment of standards and certification for health information technology systems and clinical data.

“(9) Individuals or entities with experience with—

“(A) urban health care issues;

“(B) safety net health care issues; and

“(C) rural and frontier health care issues.

“(e) USE OF QUALITY MEASURES.—

“(1) IN GENERAL.—For purposes of activities conducted or supported by the Secretary under this Act, the Secretary shall, to the extent practicable, adopt and utilize the quality measures developed under this section.

“(2) COLLABORATIVE AGREEMENTS.—With respect to activities conducted or supported by the Secretary under this Act, the Secretary may establish collaborative agreements with private entities, including group health plans and health insurance issuers, providers, purchasers, consumer organizations, and entities receiving a grant under section 2906, to—

“(A) encourage the use of the quality measures adopted by the Secretary under this section; and

“(B) foster uniformity between the health care quality measures utilized by private entities.

“(3) REPORTING.—The Secretary shall implement procedures to enable the Department of Health and Human Services to accept the electronic submission of data for purposes of—

“(A) quality measurement using the quality measures developed under this section and using the standards adopted by the Federal Government under section 2903; and

“(B) for reporting measures used to make value-based payments under programs under the Social Security Act.

“(f) DISSEMINATION OF INFORMATION.—Beginning on January 1, 2008, in order to make comparative quality information available to health care consumers, health professionals, public health officials, researchers, and other appropriate individuals and entities, the Secretary shall provide for the dissemination, aggregation, and analysis of quality measures collected under section 2906 and the dissemination of recommendations and best practices derived in part from such analysis.

“(g) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to public and private entities to enable such entities to—

“(1) implement and use evidence-based guidelines with the greatest potential to im-

prove health care quality, efficiency, and patient safety; and

“(2) establish mechanisms for the rapid dissemination of information regarding evidence-based guidelines with the greatest potential to improve health care quality, efficiency, and patient safety.

“(h) RULE OF CONSTRUCTION.—Nothing in this title shall be construed as prohibiting the Secretary, acting through the Administrator of the Centers for Medicare & Medicaid Services, from developing quality measures (and timing requirements for reporting such measures) for use under programs administered by the Secretary under the Social Security Act, including programs under titles XVIII, XIX, and XXI of such Act.”.

### SEC. 3. LICENSURE AND THE ELECTRONIC EXCHANGE OF HEALTH INFORMATION.

(a) IN GENERAL.—The Secretary of Health and Human Services shall carry out, or contract with a private entity to carry out, a study that examines—

(1) the variation among State laws that relate to the licensure, registration, and certification of medical professionals; and

(2) how such variation among State laws impacts the secure electronic exchange of health information—

(A) among the States; and

(B) between the States and the Federal Government.

(b) REPORT AND RECOMMENDATIONS.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall publish a report that—

(1) describes the results of the study carried out under subsection (a); and

(2) makes recommendations to States regarding the harmonization of State laws based on the results of such study.

### SEC. 4. ENSURING PRIVACY AND SECURITY.

Nothing in this Act (or the amendments made by this Act) shall be construed to affect the scope, substance, or applicability of—

(1) section 264 of the Health Insurance Portability and Accountability Act of 1996;

(2) sections 1171 through 1179 of the Social Security Act; and

(3) any regulation issued pursuant to any such section.

### SEC. 5. GAO STUDY.

Not later than 6 months after the date of enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on the necessity and workability of requiring health plans (as defined in section 1171 of the Social Security Act (42 U.S.C. 1320d)), health care clearinghouses (as defined in such section 1171), and health care providers (as defined in such section 1171) who transmit health information in electronic form, to notify patients if their individually identifiable health information (as defined in such section 1171) is wrongfully disclosed.

### SEC. 6. STUDY OF REIMBURSEMENT INCENTIVES.

The Secretary of Health and Human Services shall carry out, or contract with a private entity to carry out, a study that examines methods to create efficient reimbursement incentives for improving health care quality in Federally qualified health centers, rural health clinics, and free clinics.

### SEC. 7. HEALTH INFORMATION TECHNOLOGY RESOURCE CENTER.

Section 914 of the Public Health Service Act (42 U.S.C. 299b-3) is amended by adding at the end the following:

“(d) HEALTH INFORMATION TECHNOLOGY RESOURCE CENTER.—

“(1) IN GENERAL.—The Secretary, acting through the Director, shall develop a Health Information Technology Resource Center to provide technical assistance and develop best

practices to support and accelerate efforts to adopt, implement, and effectively use interoperable health information technology in compliance with section 2903 and 2908.

“(2) PURPOSES.—The purpose of the Center is to—

“(A) provide a forum for the exchange of knowledge and experience;

“(B) accelerate the transfer of lessons learned from existing public and private sector initiatives, including those currently receiving Federal financial support;

“(C) assemble, analyze, and widely disseminate evidence and experience related to the adoption, implementation, and effective use of interoperable health information technology.

“(D) provide for the establishment of regional and local health information networks to facilitate the development of interoperability across health care settings and improve the quality of health care;

“(E) provide for the development of solutions to barriers to the exchange of electronic health information; and

“(F) conduct other activities identified by the States, local or regional health information networks, or health care stakeholders as a focus for developing and sharing best practices.

“(3) SUPPORT FOR ACTIVITIES.—To provide support for the activities of the Center, the Director shall modify the requirements, if necessary, that apply to the National Resource Center for Health Information Technology to provide the necessary infrastructure to support the duties and activities of the Center and facilitate information exchange across the public and private sectors.

“(4) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed to require the duplication of Federal efforts with respect to the establishment of the Center, regardless of whether such efforts were carried out prior to or after the enactment of this subsection.

“(e) TECHNICAL ASSISTANCE TELEPHONE NUMBER OR WEBSITE.—The Secretary shall establish a toll-free telephone number or Internet website to provide health care providers and patients with a single point of contact to—

“(1) learn about Federal grants and technical assistance services related to interoperable health information technology;

“(2) learn about qualified health information technology and the quality measures adopted by the Federal Government under sections 2903 and 2908;

“(3) learn about regional and local health information networks for assistance with health information technology; and

“(4) disseminate additional information determined by the Secretary.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated, such sums as may be necessary for each of fiscal years 2007 and 2008 to carry out this subsection.”.

### SEC. 8. REAUTHORIZATION OF INCENTIVE GRANTS REGARDING TELEMEDICINE.

Section 330L(b) of the Public Health Service Act (42 U.S.C. 254c-18(b)) is amended by striking “2002 through 2006” and inserting “2007 through 2011”.

### THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the opposition, at least for the moment, to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives, (VI, 308-311) describes the vote on the previous question on the rule as "a motion to direct or control the consideration of the subject before the House being made by the Member in charge." To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that "the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition" in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: "The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition."

Because the vote today may look bad for the Republican majority they will say "the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever." But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment."

Deschler's Procedure in the U.S. House of Representatives, the subchapter titled "Amending Special Rules" states: "a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate." (Chapter 21, section 21.2) Section 21.3 continues: Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon."

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda to offer an alternative plan.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Ms. MATSUI. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

## RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 11 o'clock and 25 minutes a.m.), the House stood in recess subject to the call of the Chair.

□ 1202

## AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. SIMPSON) at 12 o'clock and 2 minutes p.m.

## PROVIDING FOR CONSIDERATION OF H.R. 4157, HEALTH INFORMATION TECHNOLOGY PROMOTION ACT OF 2006

The SPEAKER pro tempore. The pending business is the vote on ordering the previous question on House Resolution 952, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for electronic voting, if ordered, on the question of adoption of the resolution.

The vote was taken by electronic device, and there were—yeas 223, nays 193, not voting 16, as follows:

[Roll No. 412]

YEAS—223

Aderholt	Conaway	Hastings (WA)
Akin	Crenshaw	Hayes
Alexander	Culberson	Hayworth
Bachus	Davis (KY)	Hefley
Baker	Davis, Tom	Hensarling
Barrett (SC)	Dent	Herger
Bartlett (MD)	Diaz-Balart, L.	Hobson
Barton (TX)	Diaz-Balart, M.	Hoekstra
Bass	Doolittle	Hostettler
Beauprez	Drake	Hulshof
Biggart	Dreier	Hunter
Bilbray	Duncan	Hyde
Bilirakis	Ehlers	Inglis (SC)
Bishop (UT)	Emerson	Inslee
Blackburn	English (PA)	Issa
Blunt	Everett	Jenkins
Boehmert	Feeney	Jindal
Boehner	Ferguson	Johnson (CT)
Bonilla	Fitzpatrick (PA)	Johnson (IL)
Bonner	Flake	Johnson, Sam
Bono	Foley	Jones (NC)
Boozman	Forbes	Keller
Boustany	Fortenberry	Kelly
Bradley (NH)	Fox	Kennedy (MN)
Brady (TX)	Franks (AZ)	King (IA)
Brown (SC)	Frelinghuysen	King (NY)
Brown-Waite,	Gallely	Kingston
Ginny	Garrett (NJ)	Kirk
Burgess	Gerlach	Kline
Burton (IN)	Gibbons	Knollenberg
Buyer	Gilchrest	Kolbe
Calvert	Gillmor	Kuhl (NY)
Camp (MI)	Gingrey	LaHood
Campbell (CA)	Gohmert	Latham
Cannon	Goode	LaTourette
Cantor	Goodlatte	Leach
Capito	Granger	Lewis (CA)
Carter	Graves	Lewis (KY)
Castle	Green (WI)	Linder
Chabot	Gutknecht	LoBiondo
Chocola	Hall	Lucas
Coble	Harris	Lungren, Daniel
Cole (OK)	Hart	E.

Mack	Poe	Simmons
Marchant	Pombo	Simpson
McCaul (TX)	Porter	Smith (NJ)
McCotter	Price (GA)	Smith (TX)
McCrery	Pryce (OH)	Sodrel
McHugh	Putnam	Souder
McKeon	Radanovich	Stearns
McMorris	Ramstad	Sullivan
Mica	Regula	Sweeney
Miller (FL)	Rehberg	Tancredo
Miller (MI)	Reichert	Taylor (NC)
Miller, Gary	Renzi	Terry
Moran (KS)	Reynolds	Thomas
Murphy	Rogers (AL)	Thornberry
Musgrave	Rogers (KY)	Tiahrt
Myrick	Rogers (MI)	Tiberi
Neugebauer	Rohrabacher	Turner
Ney	Ros-Lehtinen	Upton
Northup	Royce	Walden (OR)
Norwood	Ryan (WI)	Walsh
Nunes	Ryun (KS)	Wamp
Osborne	Saxton	Weldon (FL)
Otter	Schmidt	Weldon (PA)
Oxley	Schwarz (MI)	Weller
Paul	Sensenbrenner	Westmoreland
Pearce	Sessions	Whitfield
Pence	Shadegg	Wicker
Peterson (PA)	Shaw	Wilson (NM)
Petri	Shays	Wilson (SC)
Pickering	Sherwood	Wolf
Pitts	Shimkus	Young (AK)
Platts	Shuster	Young (FL)

NAYS—193

Abercrombie	Gordon	Murtha
Ackerman	Green, Al	Nadler
Allen	Green, Gene	Napolitano
Andrews	Grijalva	Neal (MA)
Baca	Gutierrez	Oberstar
Baird	Harman	Obey
Baldwin	Hastings (FL)	Olver
Barrow	Hersteth	Ortiz
Bean	Higgins	Owens
Becerra	Hinchey	Pallone
Berkley	Hinojosa	Pascarell
Berman	Holden	Pastor
Berry	Holt	Payne
Bishop (GA)	Honda	Peterson (MN)
Bishop (NY)	Hooley	Pomeroy
Blumenauer	Hoyer	Price (NC)
Boren	Israel	Rahall
Boswell	Jackson (IL)	Rangel
Boucher	Jackson-Lee	Reyes
Boyd	(TX)	Ross
Brady (PA)	Jefferson	Rothman
Brown (OH)	Johnson, E. B.	Royal-Allard
Brown, Corrine	Jones (OH)	Ruppersberger
Butterfield	Kanjorski	Rush
Capps	Kaptur	Ryan (OH)
Capuano	Kennedy (RI)	Sabo
Cardin	Kildee	Salazar
Cardoza	Kilpatrick (MI)	Sanchez, Linda
Carnahan	Kind	T.
Carson	Kucinich	Sanchez, Loretta
Case	Langevin	Sanders
Chandler	Lantos	Schakowsky
Clay	Larsen (WA)	Schiff
Cleaver	Larson (CT)	Schwartz (PA)
Clyburn	Lee	Scott (GA)
Conyers	Levin	Scott (VA)
Cooper	Lipinski	Serrano
Costa	Lofgren, Zoe	Sherman
Costello	Lowey	Skelton
Cramer	Lynch	Slaughter
Cuellar	Maloney	Smith (WA)
Cummings	Markey	Snyder
Davis (AL)	Marshall	Solis
Davis (CA)	Matheson	Spratt
Davis (FL)	Matsui	Stark
Davis (IL)	McCarthy	Strickland
Davis (TN)	McCollum (MN)	Stupak
DeFazio	McDermott	Tanner
DeGette	McGovern	Tauscher
Delahunt	McIntyre	Taylor (MS)
DeLauro	McNulty	Thompson (CA)
Dicks	Meehan	Thompson (MS)
Dingell	Meek (FL)	Tierney
Doggett	Meeks (NY)	Towns
Doyle	Melancon	Udall (CO)
Edwards	Michaud	Udall (NM)
Engel	Millender	Van Hollen
Eshoo	McDonald	Velázquez
Etheridge	Miller (NC)	Visclosky
Farr	Miller, George	Wasserman
Filner	Mollohan	Schultz
Ford	Moore (KS)	Waters
Frank (MA)	Moore (WI)	Watson
Gonzalez	Moran (VA)	

Watt	Weiner	Wu
Waxman	Woolsey	Wynn

NOT VOTING—16

Crowley	Fattah	McKinney
Cubin	Fossella	Nussle
Davis, Jo Ann	Istook	Pelosi
Deal (GA)	Lewis (GA)	Wexler
Emanuel	Manzullo	
Evans	McHenry	

□ 1228

Messrs. TAYLOR of Mississippi, DAVIS of Tennessee, CHANDLER and CLEAVER changed their vote from “yea” to “nay.”

Mr. McCAUL of Texas changed his vote from “nay” to “yea.”

So the previous question was ordered.

The result of the vote was announced as above recorded.

(By unanimous consent, Mr. BOEHNER was allowed to speak out of order.)

## LEGISLATIVE PROGRAM

Mr. BOEHNER. Mr. Speaker, I know a lot of Members are interested in what the schedule is. I think all of you know that today we will move to consider the conference report on the Carl Perkins vocational education program. We will then move to the health IT bill. We expect that that will take us to late afternoon/early evening.

The reason I stood up is that it is pretty clear that we are in fact going to have votes tomorrow. There are a number of Members, though, from New York who want to go to former Representative Tom Manton's funeral. We will work with those Members to carve out a window so that those Members who want to go to New York can come back.

But we will have votes tomorrow. I wish I could tell you what those votes would be, but I expect we are going to have votes tomorrow.

## ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Without objection, 5-minute voting will resume. There was no objection.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

## RECORDED VOTE

Ms. MATSUI. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 224, noes 188, not voting 20, as follows:

[Roll No. 413]

AYES—224

Aderholt	Boehner	Cantor
Akin	Bonilla	Capito
Alexander	Bonner	Carter
Bachus	Bono	Castle
Baker	Boozman	Chabot
Barrett (SC)	Boustany	Chocola
Bartlett (MD)	Bradley (NH)	Coble
Barton (TX)	Brady (TX)	Cole (OK)
Bass	Brown (SC)	Conaway
Beauprez	Brown-Waite,	Crenshaw
Biggert	Ginny	Cuellar
Bilbray	Burgess	Culberson
Bilirakis	Buyer	Davis (KY)
Bishop (UT)	Calvert	Davis, Tom
Blackburn	Camp (MI)	Dent
Blunt	Campbell (CA)	Diaz-Balart, L.
Boehrlert	Cannon	Diaz-Balart, M.

Doolittle	King (NY)	Ramstad
Drake	Kingston	Regula
Dreier	Kirk	Rehberg
Duncan	Kline	Reichert
Ehlers	Knollenberg	Renzi
Emerson	Kolbe	Reynolds
English (PA)	Kuhl (NY)	Rogers (AL)
Everett	LaHood	Rogers (KY)
Feeney	LaHarm	Rogers (MI)
Ferguson	LaTourette	Rohrabacher
Fitzpatrick (PA)	Leach	Ros-Lehtinen
Flake	Lewis (CA)	Royce
Foley	Lewis (KY)	Ryan (WI)
Forbes	Linder	Ryun (KS)
Fortenberry	LoBiondo	Saxton
Fox	Lucas	Schmidt
Franks (AZ)	Lungren, Daniel	Schwarz (MI)
Frelinghuysen	E.	Sensenbrenner
Gallegly	Marchant	Sessions
Garrett (NJ)	McCauley (TX)	Shadegg
Gerlach	McCotter	Shaw
Gibbons	McCrery	Shays
Gilchrest	McHenry	Sherwood
Gillmor	McHugh	Shimkus
Gingrey	McKeon	Shuster
Gohmert	McMorris	Simmons
Goode	Mica	Simpson
Goodlatte	Miller (FL)	Smith (NJ)
Granger	Miller (MI)	Smith (TX)
Graves	Miller, Gary	Sodrel
Green (WI)	Moran (KS)	Souder
Gutknecht	Murphy	Stearns
Hall	Musgrave	Sullivan
Harris	Myrick	Sweeney
Hart	Neugebauer	Tancredo
Hastings (WA)	Ney	Taylor (NC)
Hayes	Northup	Terry
Hayworth	Norwood	Thomas
Hefley	Nunes	Thornberry
Hensarling	Nussle	Tiahrt
Herger	Osborne	Tiberi
Hobson	Otter	Turner
Hoekstra	Oxley	Upton
Hostettler	Paul	Walden (OR)
Hulshof	Pearce	Walsh
Hunter	Pence	Wamp
Hyde	Peterson (PA)	Weldon (FL)
Inglis (SC)	Petri	Weldon (PA)
Issa	Pickering	Weller
Jenkins	Pitts	Westmoreland
Jindal	Platts	Whitfield
Johnson (CT)	Poe	Wicker
Johnson (IL)	Porter	Wilson (NM)
Johnson, Sam	Price (GA)	Wilson (SC)
Jones (NC)	Pryce (OH)	Wolf
Keller	Putnam	Young (AK)
Kelly	Radanovich	Young (FL)
Kennedy (MN)		
King (IA)		

NOES—188

Abercrombie	Cramer	Inslee
Ackerman	Cummings	Israel
Allen	Davis (AL)	Jackson (IL)
Andrews	Davis (CA)	Jackson-Lee
Baca	Davis (FL)	(TX)
Baird	Davis (IL)	Jefferson
Baldwin	DeFazio	Johnson, E. B.
Barrow	DeGette	Jones (OH)
Bean	Delahunt	Kanjorski
Becerra	DeLauro	Kaptur
Berkley	Dicks	Kennedy (RI)
Berman	Dingell	Kildee
Berry	Doggett	Kilpatrick (MI)
Bishop (GA)	Doyle	Kind
Bishop (NY)	Edwards	Kucinich
Blumenauer	Engel	Langevin
Boren	Eshoo	Lantos
Boswell	Etheridge	Larsen (WA)
Boucher	Farr	Larson (CT)
Boyd	Filner	Lee
Brady (PA)	Ford	Levin
Brown (OH)	Frank (MA)	Lipinski
Brown, Corrine	Gonzalez	Lofgren, Zoe
Butterfield	Gordon	Lowey
Capps	Green, Al	Lynch
Capuano	Grijalva	Maloney
Cardin	Gutierrez	Markey
Carnahan	Harman	Marshall
Carson	Hastings (FL)	Matheson
Case	Herseth	Matsui
Chandler	Higgins	McCarthy
Clay	Hinchey	McCollum (MN)
Cleaver	Hinojosa	McDermott
Clyburn	Holden	McGovern
Conyers	Holt	McIntyre
Cooper	Honda	McNulty
Costa	Hooley	Meehan
Costello	Hoyer	Meek (FL)

Meeks (NY)	Rahall	Solis
Melancon	Rangel	Spratt
Michaud	Reyes	Stark
Millender-McDonald	Ross	Stupak
Miller (NC)	Rothman	Tanner
Miller, George	Roybal-Allard	Tauscher
Mollohan	Ruppersberger	Taylor (MS)
Moore (KS)	Rush	Thompson (CA)
Moore (WI)	Ryan (OH)	Thompson (MS)
Moran (VA)	Sabo	Tierney
Murtha	Salazar	Towns
Nadler	Sánchez, Linda	Udall (CO)
Neal (MA)	T.	Udall (NM)
Oberstar	Sanchez, Loretta	Van Hollen
Obey	Sanders	Velázquez
Olver	Schakowsky	Visclosky
Ortiz	Schiff	Wasserman
Owens	Schwartz (PA)	Schultz
Pallone	Scott (GA)	Waters
Pascarella	Scott (VA)	Watson
Pastor	Serrano	Watt
Payne	Sherman	Waxman
Peterson (MN)	Skelton	Weiner
Pomeroy	Slaughter	Woolsey
Price (NC)	Smith (WA)	Wu
	Snyder	Wynn

NOT VOTING—20

Burton (IN)	Emanuel	Manzullo
Cardoza	Evans	McKinney
Crowley	Fattah	Napolitano
Cubin	Fossella	Pelosi
Davis (TN)	Green, Gene	Strickland
Davis, Jo Ann	Istook	Wexler
Deal (GA)	Lewis (GA)	

□ 1238

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

## CONFERENCE REPORT ON S. 250, CARL D. PERKINS CAREER AND TECHNICAL EDUCATION IMPROVEMENT ACT OF 2006

Mr. McKEON. Mr. Speaker, pursuant to House Resolution 946, I call up the conference report to accompany the Senate bill (S. 250) to amend the Carl D. Perkins Vocational and Technical Education Act of 1998 to improve the Act.

The Clerk read the title of the Senate bill.

The SPEAKER pro tempore. Pursuant to House Resolution 946, the conference report is considered read.

(For conference report and statement, see proceedings of the House of July 25, 2006, at page H5773.)

The SPEAKER pro tempore. The gentleman from California (Mr. McKEON) and the gentleman from California (Mr. GEORGE MILLER) each will control 30 minutes.

The Chair recognizes the gentleman from California (Mr. McKEON).

## GENERAL LEAVE

Mr. McKEON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the conference report to accompany S. 250.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. McKEON. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of this conference report and ask my colleagues to join me in doing the same.

The Carl D. Perkins Career and Technical Education Improvement Act will strengthen and improve career and technical education to help ensure academic success for students, whether they are pursuing postsecondary education or other venues.

Let me begin by recognizing Education Reform Subcommittee Chairman CASTLE and thanking him for his hard work and commitment to improving educational opportunities for students participating in career and technical education.

In January of 2005, he and our committee's former chairman, Majority Leader BOEHNER, introduced a bipartisan bill that was overwhelmingly backed by the House. I commend him for his leadership in crafting that reform legislation and for reaching across the aisle in the process. It is because of his work then that we are presenting such a strong conference report to the House today.

Mr. Speaker, I would also like to thank my committee's senior Democrat, Mr. GEORGE MILLER, for his work and to recognize and thank our additional House conferees, Mr. SOUDER, Mr. OSBORNE, Mrs. MUSGRAVE, Ms. WOOLSEY, and Mr. KIND. Their efforts over the past year have made this conference report a reality.

Career and technical education is fundamental to our efforts to improve academic achievement at all levels so our Nation remains competitive in the face of a rapidly changing global economy. Each year, millions of students enrich their secondary and postsecondary educational opportunities through participation in career and technical education.

Nearly all students, about 97 percent in fact, leave public high school having taken some career and technical education. Furthermore, nearly half of all high school students and one-third of college students are involved in career and technical programs as a major part of their studies.

In short, it is a priority for millions and this conference report honors our commitment to them. The conference report before us will help States better utilize Federal funds for secondary and postsecondary career education programs, increase accountability, and emphasize student achievement and strengthen opportunities for coordination between secondary and postsecondary career and technical education.

In 1998, reforms made to the Perkins Act were aimed at increasing the focus on both technical skills and rigorous academic knowledge and helped us move further away from the school-to-work model. Our goal in this Congress was to build on that success.

Our principles at the outset of this reauthorization effort were straightforward, and I am proud to say that more than a year later, they are unchanged. The pillars of this conference report are: we're maintaining a focus on rigorous student academic and technical achievement; we're protecting

the role of States and local communities and asking for results in exchange for the money we are already spending at the Federal level; and we are seeking more opportunities for coordination between secondary and postsecondary career and technical education.

There are growing concerns across the country about the performance level of our high schools. The fundamental question remains, Are we preparing our young people to succeed in a globally competitive world? The legislation before us today helps us address that question, and speaks to the new realities of a changing economy and workplace.

Mr. Speaker, this conference report is a solid piece of reform legislation that is worthy of our support. I encourage my colleagues to join me in supporting it.

Mr. Speaker, I reserve the balance of my time.

The SPEAKER pro tempore. Without objection, the gentleman from California (Ms. WOOLSEY) will control the time of the gentleman from California (Mr. GEORGE MILLER).

There was no objection.

Ms. WOOLSEY. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise also in support of this conference report. It has been more than a year since we passed H.R. 366, the Carl D. Perkins Career and Technical Education Act. I am certain people were actually starting to think that this day would never come. But here we are, and we are here in a bipartisan posture.

You see, Mr. Speaker, miracles can happen. Then-Chairman BOEHNER and now-Chairman MCKEON and Subcommittee Chairman CASTLE need to be thanked and honored for getting us this far. But most importantly to me, I want to thank the hard work of the committee ranking member, Congressman GEORGE MILLER.

Having voted for H.R. 366, which passed the House almost unanimously, I believe that today's conference report significantly improves the bill.

□ 1245

Particularly pleasing is that this bill not only has expanded math, science, and technical programs, it also has continued and strengthened the Perkins Act commitment to preparing women and men for occupations that are nontraditional to them, to ensuring access to career and technical education for special populations who face unique challenges, and to preparing those students for careers that will lead them to self-sufficiency.

In this competitive global economy, Mr. Speaker, we can't afford to waste the potential of any of our people, so these provisions will help to ensure that this does not happen.

When this bill was in committee, I offered an amendment to ensure that States had sufficient administrative funding to carry out their increased re-

sponsibility under the bill. My amendment was not included in the House bill, but it is in the conference report.

Finally, the conference report improves accountability for and integration of strong academic measures and programs for career and technical education. It is important, however, to note that although Congress has rejected the President's proposals to eliminate career and technical education, we must do more. We need to provide our schools with the resources they need to carry out these programs. That means we need to increase funding for the Perkins Act while keeping our promises to fully funding the No Child Left Behind Act, because when it comes to no child left behind, this President and this Congress has fallen \$55 billion short.

Mr. Speaker, I reserve the balance of my time.

The SPEAKER pro tempore. Without objection, the gentleman from Delaware (Mr. CASTLE) will control the time of the gentleman from California (Mr. MCKEON).

There was no objection.

Mr. CASTLE. Mr. Speaker, I yield myself 4 minutes.

Mr. Speaker, it obviously gives me great pleasure to be here today and to rise in support of the conference report to the Carl D. Perkins Career and Technical Education Improvement Act of 2006. I want to thank the gentleman from California (Mr. MCKEON) for his leadership in getting us to this end point, and the majority leader who is no longer head of the committee (Mr. BOEHNER) for his work, the gentleman and gentlewoman from California both present here right now, Mr. MILLER and Ms. WOOLSEY, for their bipartisan spirit, and our colleagues in the other body. I am blessed to be on a couple of committees where there is bipartisan spirit at least some of the time, and we are able to get a few things done and this is one of them.

The Perkins Act aims to prepare youth and adults for the future by building their academic and technical skills in preparation for postsecondary education and/or employment. The bill we are considering today enhances Perkins by ensuring both secondary and post-secondary students participating in the program are acquiring rigorous academic and technical skills, and will have the opportunity to transition into further education and/or successful employment.

The Perkins Act governs widely supported programs of both the secondary and postsecondary level. For example, nearly all high school students complete at least one vocational education course, and approximately 26 percent of students are considered vocational concentrators, those students who focus on a single occupational area. In my home State of Delaware, we have five career and technical high schools that enroll a total of 5,500 of the 29,500 total high school students. At the postsecondary level, the Perkins Act supports a broad

array of options primarily at the community college level, including Delaware Technical & Community College.

In the 1999-2000 school year, over 50 percent of all students enrolled at the less than 4-year postsecondary level reported that they were majoring in vocational areas.

Today's conference report seeks to build upon reforms made in past reauthorizations, and seeks to enhance this popular program to ensure its success in years to come. The legislation before us today makes significant reforms to academic achievement and accountability to ensure students have the skills necessary to enter the workforce or continue to an institution of higher learning.

As I mentioned, there are five career and technical high schools in Delaware. While all these schools met adequately yearly progress under the No Child Left Behind Act, there is more to be done in academic achievement in these schools and schools across the country. Today, we will improve vocational and technical education by increasing the focus on academics in conjunction with the skill attainment that is incumbent of the program.

One of the unique attributes of vocational and technical education programs is their ability to show students a path that could end in a certificate, credential, employment, military, or postsecondary education. The Tech-Prep program within the Perkins Act is intended to focus on a well-defined link between high school and at least 2 years of postsecondary education. Research has shown, however, that funds are rarely, if ever, used to meet this goal. Rather, funds are often used for purposes within the larger vocational and technical education program. Therefore, the conference agreement revises requirements of the program in order to ensure articulation agreements between secondary and postsecondary institutions are, in fact, being implemented.

Along this same track, we include a new requirement for State development of career and technical programs of study for career and technical program areas. These sequences, of course, will incorporate a nonduplicative progression of both secondary and postsecondary elements which will include both academic and vocational and technical content. Local recipients at both the secondary and postsecondary level would adopt at least one model sequence of courses as developed by the State. I believe this will also help drive program improvements by ensuring that States clarify the progression of academic and vocational technical courses needed for the postsecondary education, training, or employment of a student's choice.

It is clear that we are making some significant and positive changes for the schools and students impacted by this program. One of the biggest changes that I think we are making is for Congress to finally make the switch from

vocational and technical education to career and technical education. In my opinion, this was an important statement for the Congress to make.

While the President has proposed another avenue for high school reform in the Perkins Act, I believe strongly that the reforms we consider today go a long way in driving program improvement and ultimate success for students across the country. The dialogue surrounding high school reform is important and is happening in earnest. I trust that the conference agreement will complement these efforts as a result of the changes in the bill. I believe it will help States, community colleges, and other postsecondary education institutions and local educational agencies to better meet the needs of students participating in career and technical education. I urge my colleagues to support this report so we may send this bill to the President for his signature.

Mr. Speaker, I reserve the balance of my time.

Ms. WOOLSEY. Mr. Speaker, I yield as much time as he may consume to the gentleman from California, the ranking member of this committee (Mr. GEORGE MILLER).

Mr. GEORGE MILLER of California. Mr. Speaker, I want to thank the gentlewoman for yielding and also thank her for all of her work on this legislation, along with Chairman BOEHNER and Chairman McKEON and Chairman Castle. And, of course, with the diligent work of our staffs on both sides of the aisle, I think we have crafted a measure that maintains the integrity of the program while responding to the changes in the career and the technical education programs across the country.

While the President has chosen to put forward a proposal to dismantle this critical program, we saw an opportunity to make high school matter for many young people, offer college students pathways into productive employment, and new hope for displaced homemakers and workers reentering the workforce.

The conference report before us signals that we will not retreat on our investment in career education and training. The global economy demands a high skilled workforce, and the Perkins Act, has been instrumental in building today's workforce and the workforce of the future.

Today, these programs are changing in the face of secondary and postsecondary education, and they equip America's workforce with the skills they need to compete in a global economy. More important, career tech programs acknowledge that we must be preparing students and adults for high wage, high skill jobs that exist in this new economy. To do this, however, we need a system that is challenging and academically sound and a system expands the secondary and postsecondary programs, offering students a pathway toward those kinds of careers.

I am pleased that the conference agreement mirrors the recommendations we have heard, that we must pay more attention to math and science and technology to increase our competitiveness. We also know that this is what the high paying jobs require, with these advanced skills.

The conference agreement continues the Tech-Prep program. Tech-Prep has been a model of career and technical education with demonstrated outcomes. In California, students, teachers, and administrators benefit from the connections made between secondary and postsecondary programs, and career and technical programs. Successful Tech-Prep programs offer a challenging and rigorous coursework at the high school level that is coordinated with postsecondary career technical programs. And Tech-Prep students obtain better paying jobs because they have the academic and technical credentials that businesses want for their workforce.

We made important strides in the area of professional development. This conference agreement strengthens the instructional connection between academic and career technical programs. We heard from numerous teachers that successful career tech programs allow academic and vocational teachers to develop curriculums together to teach together so that students can apply the academic content to the real world context.

This conference agreement contains new measures of accountability for career and technical education systems. I do not doubt that some programs may have difficulties in meeting this new system. However, there have been too many programs that have chosen the status quo, to the detriment of our workforce competitiveness. Successful career and technical education programs produce students that outperform their counterparts and make higher wages. We must demand that all programs work toward this same goal. The accountability systems move us in that direction.

I want to point out two other areas where the conference agreement improves upon the House passed bill: Graduation and career plans. Under the agreement, local programs may use Perkins funds to create graduation and career plans for students. These plans can be tools for students and parents to help focus the student on the student's future goals, making sure that the actions that we take will lead to the outcome they desire. And, also, the special populations and nontraditional careers.

The conference agreement also strengthens the provisions, and the gentlewoman from California has been a hawk on these issues for her entire career on this committee, and that is to improve the opportunities for women and men to gain access to nontraditional careers, and ensures that displaced homemakers and individuals with disabilities have access to career and technical education. In this global

economy, we can't afford to waste the potential of any of our people, and these provisions will help ensure that that doesn't happen.

Mr. Chairman, the Perkins Act is a critical workforce development tool, and the bill before us represents a sound career and technical education policy.

I want to thank our staff again for their efforts in bringing this conference agreement together, and I look forward to a quick passage of this conference report. And I also want to comment that this continues a long tradition in this committee where we have been able to work on a bipartisan basis on the most critical education issues confronting this country, both in the development of high performing students and professional individuals and high performing career opportunities for those individuals, and I want to thank all of my colleagues for their efforts on this legislation and urge a passage of this conference report.

Mr. CASTLE. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Ohio (Mr. REGULA), who is the chairman of the appropriations subcommittee that handles education funding and is probably as interested in education as anyone in this building.

(Mr. REGULA asked and was given permission to revise and extend his remarks.)

Mr. REGULA. Mr. Speaker, I just want to congratulate the Members, my colleagues, and the staff for doing a terrific job. I am very much aware of this topic. We have a technical school in my district (Stark State College) of approximately 8,000 students with a placement rate of about 96 percent, and they are working with the high schools; they are doing what you are envisioning in this conference report.

To me, this is one of the most important pieces of legislation that will come out of this session, because education is the future and this legislation gives an opportunity and expands the horizons of many students that otherwise would not get that chance. I do have to say that one of the most grievous things to me is the dropout rate in this country. An average of thirty-two percent of our students nationwide do not finish high school. Part of it is because they are bored, part of it is because they don't learn to read, part of it is a whole lot of different things. They are attracted to get out early and get some kind of a job and buy a car or whatever.

This legislation will help to reduce the dropout rate. If the schools across this country will work out the programs that are envisioned in this report, I think our schools will make giant strides in reducing dropouts, because it will allow students at the high school to get a vision of what can be achieved, what they can do in technical education and what they can do in employment opportunities and what a better future they can have. This should be billed as a hope bill, it is a future bill.

Again, I congratulate my colleagues and the staff for constructing a terrific piece of legislation, certainly it will mean a lot to the future of this Nation. If you read Tom Friedman's book "The World is Flat," you realize how important it is as a Nation that we give educational opportunity to everybody that we utilize the resources of all our people.

Ms. WOOLSEY. Mr. Speaker, I reserve the balance of my time.

Mr. CASTLE. Mr. Speaker, I yield 3 minutes to the gentleman from Indiana (Mr. SOUDER), another member of the committee who is always fighting for children in a whole variety of ways, be it dealing with drugs and those things, or education itself.

(Mr. SOUDER asked and was given permission to revise and extend his remarks.)

□ 1300

Mr. SOUDER. Mr. Speaker, I want to thank Chairman MCKEON for his leadership and Mr. MILLER for his leadership in working in a bipartisan effort with this.

But I want to say, first off, that it affirms what career and technical educational programs in my district are already doing. They are ensuring that all current technical education programs include rigorous and challenging academic courses; offer career and technical programs of study known as career majors; offer dual enrollment in secondary and postsecondary courses; and permit private and home school students to participate in career and technical education programs. Additionally, I am pleased that the bill allows for increased funding flexibility at the State level, as well as the promotion of State incentive grants to programs with exemplary performance.

It is a little unusual in the sense I represent a district that still makes things. In my congressional district, we have the highest percent manufacturing left in America as far as what people do. Other people can go on vacation in other places. They can get a service job in other places, run credit card companies in other places; but we still make things.

Vocational education, if it is going to compete, I remember years ago, because I am old now, in the 1960s, my father at our small retail store always took students who they were afraid were going to drop out and started trying to teach them different crafts and trades and get them into the workforce.

I know that when I was a student reporter in college and did some stories on local high schools even out in the ag communities, Woodland High School had a big area where they had a combine and other things so kids could get experience working in farming.

But we are at a whole other technical level. Even at my rural high schools in Angola, Indiana, a small high school, they have worked with TriState College to hook up an ethernet-type of

Internet connection so they can take courses after school, to get courses after school to work with the plastics industry, the largest employer in my district, so kids can go out and learn technical skills.

If they are going to compete with China, if they are going to compete with India, if they are going to compete worldwide, they are not going to have the old things where my grandpa did it this way and my great-grandpa did it this way, and I am going to have pensions and health care forever. It is going to be a lot more competitive. It is going to take constant cross-training for advanced skills, for basic entry skills, and basic entry things in these manufacturing companies in my district.

If they cannot figure out how to work a computer, if they cannot figure out how to multitask, if they cannot figure out how to be flexible when a contract changes just like that, that company is gone. It is not anymore just to Mexico. It is to China.

So vocational education plays such a critical role at the college level, just like continuing education does, and this bill gives us more flexibility to work in this program, to adjust to the new technologies we are seeing, the online, the constant education, the interrelationship between industry and our universities and high schools.

The one thing I would strongly urge, and I continue to urge, the NFIB; the NAM, the National Association of Manufacturing; the U.S. Chamber, that the retailers engage in their local schools. They always come to me and everybody comes and says we are worried about our workforce, we are worried that we cannot get the quality. Well, engage the schools, hire these kids, train these kids, take advantage of these programs, because that is the only way we are going to keep jobs in America.

Mr. Speaker, I rise today in strong support of S. 250, the Carl D. Perkins Career and Technical Education Improvement Act of 2006. I'd also like to thank the Chairman of the Education and the Workforce Committee, Mr. MCKEON, for his hard work on this legislation. S. 250 will help strengthen and improve career and technical education programs across the country by helping states better utilize federal funding, increasing accountability, emphasizing student academic and technical achievement, and improving coordination between secondary and postsecondary career and technical education.

In today's world, career and technical education is an important component of most any student's education as it helps prepare high school students for either a transition to the workforce or a postsecondary degree. The programs help students begin thinking about different careers of interest, provide opportunities for exploring those career options, and start students down a path toward accomplishing their career goals. Moreover, the program helps students see a connection between the academic subjects in the classroom and the application of that knowledge in the



working world. For many students, this connection is critical to their decision to stay in high school and graduate with a diploma.

I am pleased today to support the conference report on S. 250 and urge my colleagues to vote in favor of its passage. While I would have liked to have seen additional reforms—particularly in the areas of private school and home school participation—this bill represents significant bipartisan agreement in how to strengthen the Perkins program.

It affirms in many ways what career and technical education programs in my district are already doing: ensuring that all career and technical education programs include rigorous and challenging academic courses; offering career and technical programs of study—known as career majors; offering dual enrollment in secondary and postsecondary courses; and permitting private and home school students to participate in career and technical education programs. Additionally, I am pleased that the bill allows for increased funding flexibility at the state level as well as the promotion of state incentive grants to programs with exemplary performance.

Career and technical education is an important part of America's K–12 education system, and I would urge my colleagues to vote in favor of S. 250 today. This legislation will help improve both our education system and our nation's ever-changing economy as students are more prepared to enter either the workforce or some form of post-secondary education following their graduation from a local career and technical education program.

My congressional district has the highest percent manufacturing in America. But even manufacturing is changing. In order to compete with China, India and other worldwide nations the same old approach will not work. We need flexible and creative education programs to complete the needs.

Mr. CASTLE. Mr. Speaker, I thank the gentleman. I yield 3 minutes to the gentleman from Nebraska (Mr. OSBORNE), another individual who has probably done as much for young people as anybody in this country and in his lifetime in a variety of capacities.

Mr. OSBORNE. Mr. Speaker, I would like to thank Subcommittee Chairman CASTLE and Mr. MILLER and Ms. WOOLSEY and Chairman MCKEON for their work on this bill and rise in support of it.

I am especially pleased that Congress has shown such strong support for the Perkins program in view of the fact that it has been zeroed out on successive years by the administration, and it seems that people in this body understand the importance of a vocational technical education, particularly important in my State of Nebraska which is largely rural. In rural America, if you do not have vocational technical education you have real problems. So this has been critical.

Also, we currently lack the skilled workforce in our country to maintain our economy; and a big key to this, of course, is vocational training.

This bill improves vocational technical education in several key areas. As has been mentioned, it requires greater academic rigor, especially in math and science. I think a few years

ago I read someplace where the United States ranked 19th out of 21 nations in advanced math and science. This is an area we cannot afford to continue to fall behind in. So this academic rigor will certainly help.

As has been mentioned, it requires greater coordination between high school and postsecondary courses in vocational and technical education. So often in high school someone will take a vocational course and then go to community college; it would be the same course or there would be no coordination between the two. This allows for a smooth transition from high school into community colleges and 4-year colleges in the vocational technical area which we think is important.

Greater accountability is critical, and a new use we were able to put in this bill which is something I was really in favor of was an allowable use as entrepreneurial education as part of the Perkins grants.

So in the areas that I focus on right now in rural America, we are losing our young people at a rapid rate. If you teach them entrepreneurial skills, how to write a grant, how to write a business plan, how to market, particularly how to market using the Internet, and you give them those skills, sometimes they can find a way to stay in a small town and make a living. So we think that entrepreneurial skills are going to be critical as a part of this program.

As has already been mentioned, the flexibility is critical at the State and local levels because what constitutes vocational education in one State or one region may not be similar to what another region needs, and that flexibility is critical.

So, again, I just want to express strong support. I think it is a very good bill, very good conference report and want to thank Mr. CASTLE and all those involved again, and the staff particularly.

Ms. WOOLSEY. In closing, Mr. Speaker, I would like to remind everybody that more than 11,000 high schools and regional technical centers and 2,600 postsecondary schools provide career and technical programs to high school students and adults who are returning to the workforce or wishing to learn new skills. That supports our goal that all students should have access to career and technical programs that give them a strong academic foundation and technical proficiency. This provides opportunity for jobs that pay a livable wage. It prevents dropouts, and it gives a path into college-level education should an individual choose.

This legislation today renews our commitment to prepare our workforce for the global economy. It solidly rejects the President's proposal to eliminate the program.

So, finally, it was wonderful to hear Mr. REGULA, his words in support of vocational education, because he is the ranking member of the subcommittee on appropriations that we go to to fund

these programs, because we know that none of this works, none of it works, Mr. Speaker, unless we provide the needed funding.

Mr. Speaker, I yield back the remainder of my time.

Mr. CASTLE. Mr. Speaker, I yield myself such time as I may consume in closing.

Mr. Speaker, the conference report before us is a good one and one worthy of very strong support here. Passage of it will demonstrate our commitment to the millions of students who count on the career and technical education programs we are aiming to strengthen.

Career and technical education is a fundamental part of our efforts to improve academic achievement at all levels so our Nation remains competitive in the 21st century global economy. And this conference report sharpens the Perkins program's focus on both rigorous academics and technical achievement. It protects and enhances local control at a State and community level. And it seeks more opportunities for coordination between secondary and postsecondary career and technical education.

This conference report would not be possible if not for some key staff members at the Education and the Workforce Committee: Whitney Rhoades, Stephanie Milburn, Lucy House, Rich Stombres, and Susan Ross on the committee staff, and Denise Forte and Lloyd Horwich from the minority staff have worked tirelessly to get to this point where we are today. I would like to thank Sara Rittling of my staff who has worked on this as well.

For those not familiar with the process around here, without that staff, I am sure Ms. WOOLSEY and I would probably agree, we would probably never get a bill like this written. Their work is exemplary in this particular case. And I would just like to thank them for their determination and expertise.

Again, I thank my colleagues on the committee on both sides of the aisle for their efforts on this conference report, and I do urge its final passage.

Mr. KIND. Mr. Speaker, I rise today in support of the Reauthorization of the Carl D. Perkins Career and Technical Education Improvement Act. As a member of the Education and the Workforce Committee and having served on the Conference Committee, I am pleased we have reached an agreement to ensure the continuation of this important program.

Research shows that secondary students who participate in career and technical education achieve better employment and earnings outcomes than other students. Further, these students are more likely to pursue postsecondary education, have a higher grade point average in college, and are less likely to drop out in the first year of college.

Recognizing the positive contributions of career and technical education, I support swift passage of this bill. This legislation is the product of considerable and effective bipartisan negotiations.

While I intend to continue working with my colleagues on the Senate side to improve the particular funding levels for Wisconsin through

the appropriations process, I am satisfied with the overall bill. A lot of time and work by committee members and staff have been put into drafting the best bill possible that everyone can support.

Specifically, I am glad that S. 250 retains a separate authorization for the Tech Prep program. The House-passed bill eliminated this separate funding and during committee consideration of the bill, Representative TIERNEY and I offered an amendment to restore Tech Prep as a separate authorization.

Tech Prep creates seamless pathways for secondary students to transition into post-secondary education programs in the high-skill, high-wage technical fields. These academically and technically prepared graduates are critical to the economic growth, productivity and internal competitiveness of the United States. Knowing how critical this funding is to our local communities, I am pleased funding for the Tech Prep program has been kept separate from the Perkins block grant.

In addition to protecting Tech Prep, the conference report increases the role of math, science and technology in career and technical education programs and encourages the expanded use of technology by teachers and faculty. Increasing the emphasis given to science, technology, and mathematics is critical for the United States to retain its global competitiveness. We cannot afford to ignore growing competition from other countries by directing our resources away from these fields of study.

Again, I would like to thank all those in the education community who participated in reauthorization for their input and work on this bill. I am particularly pleased to acknowledge Dr. Bill Ihlenfeldt, President of the Chippewa Valley Technical College in Eau Claire, WI, who testified before the Education and the Workforce Committee in May of 2004. His thoughts and perspective on reauthorization of the Carl D. Perkins Career and Technical Education Improvement Act were invaluable in addressing the needs of our country. His insight was especially helpful in considering issues of importance for the 53,000 students attending technical schools in my district—Western Technical College, Chippewa Valley Technical College, and Southwest Tech—as well as the countless career and technical secondary students in the Third Congressional District of western Wisconsin. I urge my colleagues to vote yes.

Mr. CASTLE. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the conference report.

There was no objection.

The SPEAKER pro tempore. The question is on the conference report.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. CASTLE. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

The point of no quorum is considered withdrawn.

#### GENERAL LEAVE

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and insert extraneous material on H.R. 4157.

The SPEAKER pro tempore (Mr. CASTLE). Is there objection to the request of the gentleman from Texas?

There was no objection.

#### HEALTH INFORMATION TECHNOLOGY PROMOTION ACT OF 2006

The SPEAKER pro tempore. Pursuant to House Resolution 952 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 4157.

□ 1311

#### IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 4157) to amend the Social Security Act to encourage the dissemination, security, confidentiality, and usefulness of health information technology, with Mr. SIMPSON in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. Pursuant to the rule, the bill is considered read the first time.

General debate shall not exceed 1 hour, with 35 minutes equally divided and controlled by the chairman and ranking minority member of the Committee on Energy and Commerce, and 25 minutes equally divided and controlled by the chairman and ranking minority member of the Committee on Ways and Means.

The gentleman from Texas (Mr. BARTON) and the gentleman from New Jersey (Mr. PALLONE) each will control 17½ minutes, and the gentlewoman from Connecticut (Mrs. JOHNSON) and the gentleman from California (Mr. STARK) each will control 12½ minutes.

The Chair recognizes the gentleman from Texas.

Mr. BARTON of Texas. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I am pleased that the House today is going to consider H.R. 4157, the Health Information Technology Promotion Act of 2006. This legislation should help move our health care system into the modern era and the modern information age.

We all remember a time when e-mail was a dream and getting the legislative text from the House of Representatives Web site was impossible because it simply did not exist. As information systems have moved into the digital age, Congress and most of the private sector have embraced it. We have found that we could get information much more efficiently and quickly at much less cost.

The health care system, for whatever reason, has not done that. For all of its

medical genius and astonishing technology in terms of surgery and orthopedics and diagnosis, American health care is still stuck back in the 19th century, with a paper record system that is inefficient, wasteful, error-prone and occasionally dangerous. The legislation before us today should change that.

With H.R. 4157, records that have been stuffed in a file cabinet and illegible prescriptions that nobody can read scrawled on pieces of paper will finally give way to digital medical records, electronic prescribing, and efficient coordination of care. Sick patients will get better and everybody should save money.

The bill before us sets out a framework for endorsing core interoperability guidelines and mandates compliance for a Federal information system within 3 years of endorsement of such guidelines. Of vital importance are provisions contained in the legislation that create safe harbors to the Stark and Anti-kickback laws for the provision of health information technology and services to better coordinate care between hospitals and providers. These changes are long overdue.

Hospitals and other health care entities that have invested in systems that are tested and work well should be able to share their experience and purchasing power with physicians. Current laws have prevented these reasonable steps to better coordinate patient care by not allowing the sharing of health information technology systems.

Also, I would like to express support for the Secretary of Health and Human Services to look at the list of entities that we make eligible for this safe harbor and to expand upon it, specifically, to include independent clinical laboratories which carry a great deal of health data that should be shared electronically.

□ 1315

These safe harbors will allow for economical sharing of health information technology to better coordinate care, reduce medical error, and improve patient outcomes.

Medical science in recent years has produced tremendous discoveries that have revolutionized how we treat disease and care for patients. Unfortunately, the medical record information technologies needed to take advantage of these discoveries remain locked in an era of paper and filing cabinets. We can do better, and the legislation before us today will do better.

Mr. Chairman, I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield myself 3 minutes.

Our Nation's health care system is arguably the most inefficient and costly system in the industrialized world. We spend approximately \$1.7 billion annually on health care, and yet many of our citizens are in poorer health than the citizens of countries that spend far less. That is because our Nation's health care system is wrought with

problems, including skyrocketing costs that make it difficult for Americans to afford the care that they need, inconsistent quality, and huge disparities in care and access. Clearly, the status quo is not working and something has to be done to fix these problems. Health care experts around the country agree that health information technology, or HIT, could provide a partial solution to our problems.

Now, while estimates vary, the potential savings from HIT could reach between \$81 billion and \$170 billion annually by improving coordination of care, patient safety, disease management, and prevention efforts. Under the Republican bill we are debating today, however, none of these savings will be realized. That is because the bill will do nothing to move our Nation forward on health information technology.

The CBO agrees with the Democrats, and I quote, "CBO estimates that enacting H.R. 4157 would not significantly affect either the rate at which the use of health technology will grow or how well that technology will be designed and implemented." So I don't want anybody to be fooled here today. Don't let the Republicans sell you this lemon.

My friends on the other side of the aisle would have us believe that this bill is going to transform our health care system into a model of efficiency, and it is all a bunch of hype. Let me mention a few ways in which this bill is flawed.

First of all, there is virtually no funding, and I stress that, virtually no funding to help providers, such as physicians or hospitals, to purchase this technology. The meager amount of funding authorized in this bill will barely make a dent in advancing the use of HIT. Instead of making grants or loans available to doctors to help them purchase equipment or train employees, Republicans have decided to roll back anti-kickback and self-referral protections so that doctors will have to rely on other types of providers for this technology. Make no mistake about it, this is going to open the door for fraud and abuse to run rampant and will eventually add to our health care costs.

Secondly, this bill does nothing to improve protections for medical privacy. Electronic health information systems that make it easier to exchange medical information require new privacy protections to be implemented and strongly enforced. In spite of the privacy breaches we saw this year at the Veterans Administration, and also at CMS, Republicans don't seem to think there is a need to strengthen our Nation's privacy laws. But I have to tell you, Americans are not going to stand for this. They are not going to want their most personal information floating around cyberspace without any reasonable safeguards.

There are a number of other problems with this bill, Mr. Chairman, but

let me finally talk about the process in which this bill was developed. House Republicans have taken an opportunity for all of us to work together on an important issue and they have squandered it. The Senate was able to pass a bipartisan bill that would accomplish a lot more than the bill we are debating today. They authorize grants and loans, they don't roll back fraud and abuse protections, and they ensure interoperability. But they did this all on a bipartisan basis in the Senate.

Democrats in the House tried to offer that bill as a substitute in the Rules Committee yesterday, but we were denied the substitute. And it is a shame that House Republicans couldn't follow the Senate's lead and work with Democrats to move our Nation forward on HIT and improve the health of all Americans.

I urge my colleagues to vote "no" on this bill, because although we think that health information technology is very important, this bill will not accomplish the goal.

Mr. Chairman, I reserve the balance of my time.

#### PARLIAMENTARY INQUIRY

Mr. BARTON of Texas. Parliamentary inquiry, Mr. Chairman.

The CHAIRMAN. The gentleman will state his inquiry.

Mr. BARTON of Texas. Mr. Chairman, how is time going to be rotated? Do we do all the Energy and Commerce time and then the Ways and Means time; or do we rotate in sequence?

The CHAIRMAN. The Chair would accommodate the wishes of the managers.

Mr. BARTON of Texas. Okay. Congresswoman JOHNSON says the Energy and Commerce Committee goes first.

Mr. PALLONE. I think, Mr. Chairman, we were told in advance that we would do Energy and Commerce first, so that is the way we would prefer to proceed.

Mr. BARTON of Texas. Okay. That is what Congresswoman JOHNSON also says. I was not informed of that.

Mr. Chairman, I yield 3 minutes to a distinguished physician member of the Committee on Energy and Commerce, Dr. MURPHY of Pennsylvania.

Mr. MURPHY. I thank the chairman and the Members for an opportunity to talk about this vitally important bill.

Years ago, when I was working at Children's Hospital in Pittsburgh, I happened to be walking by the emergency room when a resident called me urgently in on a case that was there. It was a child who was having out-of-control behavior, rapid heart rate, rapid breathing, and she merely commented that this child's behavior was out of control. That could have been a symptom of anything. Was the child having a seizure? Was the child poisoned? Was the child having a drug problem, a neurological crisis, a heart problem, or a whole host of issues?

As it was, I happened to recognize the child as a patient of mine and we quickly came to the conclusion that

one of the aspects may be a medication overdose, or a bad medication reaction. The parents had not yet arrived and we had not yet accessed his medical records. Why? Because the medical records were in a file somewhere back in my office in another section of the hospital and were ones that the emergency room staff could not acquire.

Think of this, too. If one of us, any of us, any American is traveling in a town somewhere in America and a medical crisis hits them, for someone who is diabetic or perhaps has heart disease or some other problems, where do we get the records to determine what to do? It is for this reason that we recognize about \$162 billion a year is lost in health care, according to the RAND Corporation, and you include all the other paperwork and problems that come with hospital care, perhaps \$290 plus billion is spent on that. Why? Because of medical records.

The current medical records system is this: Room after room after room in a hospital filled with paper files. What happens if we move to electronic medical records where it is, instead of here, it is in a computer? This is what that room looks like. It is now in a computer, accessible to physicians in a hospital, with pass codes and access codes that keep it secure, because HIPAA laws say it must be secure; that people can't have that, and then it becomes records that look more like this.

Again, a doctor with clear authorization ahead of time could find a patient's name, see their status, see what is going on, and move towards that and pull these records out. Otherwise, you end up in a situation of medical crisis. Patients can carry this information in a credit card or on a zip drive they can carry on their key chain. All this is critically important because it saves lives and saves money.

The best doctors and the best hospitals in America, if they cannot get the patient information they need when they need it, it can lead to morbid consequences: Higher mortality. And that is what ultimately this bill is about. This is a huge step forward because we have to have standards and other things moving forward. Hospitals all across America are moving towards some level of electronic medical records. But if we don't find ways of making them able to talk to each other, with uniform standards, interoperability, et cetera, we are essentially creating a medical Tower of Babel. We have more information, but they can't talk to each other.

At that moment of crisis in a health care center, whatever that is, whether you are at home or far away, no matter how good your doctor and hospital is, you want them to have that information. Patients can preauthorize that information. They can carry that with them. But this is the new technology, and if we don't do this, we will see many lives lost, and that is something we cannot afford to do. That is why I urge the passage of this bill.

Mr. PALLONE. Mr. Chairman, I yield 3 minutes to the gentleman from California (Mr. WAXMAN).

Mr. WAXMAN. Mr. Chairman, we should not pass H.R. 4157 without including essential privacy protections for the health information of American consumers. Privacy protection should go hand-in-hand with efforts to promote health information technology, yet the Republican leadership refused to include appropriate privacy protections or allow consideration of privacy amendments.

Our health care system will not be effective if privacy fears deter Americans from seeking appropriate treatment. Unfortunately, survey after survey demonstrates that American consumers lack confidence that the privacy of their personal health information will be protected.

Just last year, the California Health Care Foundation found that nearly two-thirds of Americans polled were concerned about the privacy of their health information, and one out of eight had taken steps that could have put their health at risk simply because of privacy concerns. Moving health records into electronic form is only likely to increase their fears unless we act to ensure appropriate privacy protections are in place.

Recent incidents involving security threats to medical information have underscored the vulnerability of electronically maintained data. In June, we learned that Medicare data on 17,000 beneficiaries enrolled in a Medicare prescription drug plan had been put at risk due to inappropriate security protections on a computer file. And then the Department of Veterans Affairs' computer that was stolen several months ago contained sensitive information that included disability ratings for some veterans and notes about some veterans' health conditions.

In fact, according to the Privacy Rights Clearinghouse, nearly 90 million electronic data records of U.S. residents have been compromised because of security breaches in just the past year and a half.

This administration's lax approach to enforcing existing medical privacy requirements has raised additional concerns. A recent Washington Post article reported that the administration has not imposed a single civil fine under the Federal medical privacy rule despite nearly 20,000 complaints of violations over the 3 years the rule has been in effect.

It is irresponsible for Congress to promote the development and use of health information technology without ensuring that necessary privacy and security for health information are in place.

I thank the gentleman from New Jersey for yielding to me so I could point out these specific concerns that I have with this legislation, and I wish we could address them.

Mr. BARTON of Texas. Mr. Chairman, I yield myself 30 seconds before I yield to Mr. CASTLE.

Under the current law, called HIPAA, we have very strict privacy protection guidelines. Those guidelines are currently under review. There have been over 50,000 comments filed with HHS for some proposed changes in those. Nothing in the Senate bill, that is a companion bill to this bill, deals with privacy.

Privacy is an important issue, but more important is that we get a health information system technology in place, and that is what this bill does.

Mr. Chairman, I yield 2 minutes to the former Governor of the First State, the great State of Delaware (Mr. CASTLE).

Mr. CASTLE. Mr. Chairman, I would like to thank Chairman BARTON for yielding, but I also want to thank him for his great work on this important legislation, H.R. 4157, which I support; and also the gentlewoman from Connecticut (Mrs. JOHNSON) has worked on this for some time, and will be speaking shortly.

With recent reports estimating that medical errors may be responsible for up to 98,000 deaths and 1.5 million medication errors each year, there is no doubt in my mind that the time has come to move towards an electronic health records system.

I am pleased this legislation officially establishes the Office of the National Coordinator for Health Information Technology, because it is absolutely vital that the Federal Government take the leading role in establishing such a system. Without a strategic Federal plan, I worry that each State will be left to their own devices and we will end up with a patchwork system. I am hopeful that the standards which are set will be easily adaptable for the States and regions that are already working on such connectivity.

In my State of Delaware, we have established the Delaware Health Information Network. It has secured a \$4 million contract with the Agency for Health Care Research and Quality to establish an e-health system in our hospitals, physicians' offices, and laboratories. Eventually, we hope this will be extended to our nursing homes and community health centers as well.

Because Delaware is such a small State, it is quite possible that our network can spread across the Mid-Atlantic region to include New Jersey, Pennsylvania, and Maryland, and that is why we have been working so hard to get it right and to make sure interoperability truly exists.

A national health electronic infrastructure could truly be lifesaving for the millions of patients who access our health care system every day, as we have seen in our VA hospitals. There is real opportunity here to have electronic patient records, with appropriate private protections, electronic prescribing, real-time understanding of prescription interactions, and improved outcomes.

I am hopeful this bill will be swiftly conferenced with the Senate version so

every State may get involved. Real achievement only comes when we improve health care, reduce costs, and start saving lives.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentleman from Texas (Mr. GREEN).

(Mr. GENE GREEN of Texas asked and was given permission to revise and extend his remarks.)

Mr. GENE GREEN of Texas. Mr. Chairman, I rise in opposition to the Health Information Technology Promotion Act. Health IT, as we call it, has the potential to revolutionize our health care system by improving health outcomes through increased efficiency and accuracy. Despite the bill's title, however, this legislation would do little to actually promote the adoption of health IT among the providers who would most benefit from it.

Most importantly, the bill fails to include adequate funding to help providers invest in this promising technology. The \$30 million in grant funding is only a drop in the bucket, so to speak, and will be stretched thin among the many providers who need financial assistance with health IT adoption.

□ 1330

Unfortunately, the Rules Committee failed to make in order either the Dingell/Rangel substitute or my amendment, which would have gone a long way to facilitating widespread health IT adoption. Specific to my amendment, which I submitted with my colleagues on our committee, Mr. GONZALEZ and Mr. RUSH, would authorize a Medicare add-on payment, a competitive grant and a State loan program to help providers invest in this technology.

If health IT is a priority of the Federal Government, then we need to put our money where our mouth is.

The bill is also sorely lacking in privacy protections. If patients are going to buy in to the benefits of health IT, we must ensure that personal health information is as secure as possible.

We already know from nationwide surveys that two-thirds of Americans are concerned about security of their personal health information.

The very nature of health IT is at risk of privacy breach; therefore, the proliferation of health IT must be accompanied by increased privacy protections.

Unfortunately the Rules Committee failed to allow the Markey/Capps amendment to be considered. That important amendment would have required patient consent before their health records were shared, as well as patient notification in the event of a privacy breach. This commonsense amendment would have closed a glaring loophole that we currently have in HIPAA.

In doing so, it would have given patients the privacy assurance they need to share important health information and to maximize the benefits of health IT to their personal health.

It is not often I advocate that the House should follow the Senate's lead, however, we should have better served our constituents if we take up the Senate bill.

Passed unanimously by the Senate, that bipartisan health IT bill will provide the necessary resources and pave the way for Americans to benefit from the promised health IT.

I encourage my colleagues to vote against this bill.

Mr. BARTON of Texas. Mr. Chairman, I yield 2 minutes to another distinguished member of the Energy and Commerce Committee, who is also a medical physician, Dr. BURGESS of Texas.

Mr. BURGESS. Mr. Chairman, thank you for bringing this important bill to the floor.

The bill, 4157, will codify and expand the authorities and duties of the office of the National Coordinator for Health Information Technology, Department of Health and Human Services. This includes a number of responsibilities, such as endorsing the interoperability guidelines under a schedule, conducting a national survey on the information exchange capabilities of certain entities, and reviewing Federal information systems and security practices.

The bill requires that certain Federal health information collection systems be capable of receiving information in a form consistent with any guidelines endorsed by the National Coordinator, within 3 years of endorsement.

We have heard some discussion about the issues of grants. Currently there are grants through both CMS and my own Texas medical foundation back in Texas. But indeed, this bill authorizes targeted grants to help integrated health systems relay information and better coordinate the delivery of care for uninsured, under insured and medically underserved populations.

The bill also contains a demonstration program to promote the adoption of health IT in the small physician setting, absolutely critical in many of our rural markets.

My colleague, Dr. MURPHY, was up here a moment ago and showed a picture of a medical record, an old paper medical records system in a hospital. I actually want to tell you that that is pretty far from the truth. Normally you go in medical records department, it is nowhere near that clean. There are records stacked on the floor. They are stacked by dictation machines. Oftentimes a critical record is hard to find.

But contrast that with what I saw in New Orleans, Louisiana when we had a hearing down there earlier this year. The records room of Charity Hospital is absolute chaos. There is still water on the floor. There are records all over that room. There is black mold growing up the sides of the records. Clearly, those records are unusable in any form or any hope to be usable in the future. That is why this legislation is so critical. Lives, as well as money and time

can be saved if we make these important steps towards enacting this legislation.

Mr. PALLONE. Mr. Chairman, I yield 4 minutes to our ranking member of the full committee, the gentleman from Michigan (Mr. DINGELL).

(Mr. DINGELL asked and was given permission to revise and extend his remarks.)

Mr. DINGELL. Well, Mr. Chairman, here we are again. Bad legislation, bad procedure, unfair behavior by the majority, and the inability to have a proper discussion of the matter before us or to have an honest chance to amend a bad bill.

My Republican colleagues are wasting a fine opportunity to make real progress in an area in which most Members of Congress are highly supportive, health information technology. We have a chance not only to save money and time, but we also have a chance to save lives. But we won't even allow a proper discussion or fair and decent amendments.

We have a chance to help providers to transform their practices so that they could better serve the needs of their patients and so that there could be electronic communications with providers, health plans and with the government.

The Democrats sought a substitute to the committee bill under the rules. The Rules Committee, as usual, rejected it. So we are functioning under a gag rule. This alternative was identical to the bill the Senate passed unanimously last November with strong privacy protections, and with bipartisan sponsorship and support. The Senate bill, S. 1418, was jointly introduced after being negotiated between Senators FRIST, CLINTON, ENZI and KENNEDY. But we won't be permitted to vote on it today. We must hear from our Republicans as to why it is they are afraid to allow proper debate, or why it is that they won't allow a proper vote on matters which could strongly, broadly and importantly affect their constituents and mine.

The bill before us falls short. First, it makes no progress towards protecting the privacy and security of health information. Expanded use of electronic health care systems clearly has a great potential benefit, but it also poses serious threats to patients' privacy by creating greater amounts of personal information susceptible to thieves, rascals, rogues and unauthorized users.

President Bush said something to my Republican colleagues, and I hope every once in a while they listen to their leader. He said this: "I presume I am like most Americans. I think my medical records should be private. I don't want people prying into them. I don't want people looking at them. I don't want people opening them up unless I say it's fine for you to do so."

Well, why is it that you won't protect, then, the records of people and share the concerns of the President?

Second, H.R. 4157 fails to include sufficient Federal funding to foster the

adoption and implementation of health information technology such as electronic medical records. Start-up costs are a very significant failure and a barrier that physicians face.

Third, H.R. 4157 goes too far in undermining fraud and abuse laws as its response to needed investment. The exceptions provided in this bill to the Stark self-referral and anti-kickback statutes potentially encourage biased decision making about a patient's treatment, and it sets up a situation where a doctor may be compelled to be confined in a system run by a particular hospital or health care provider.

Fourth, the bill falls short in establishing comprehensive standards. It does little or nothing to promote the adoption of standards by providers. The fastest way to accomplish this would be to have the Federal Government to abide by the standards that it adopts for electronic communications so that others in the private sector will follow. H.R. 4157 does none of this.

The bill fails seriously on issues of patient privacy, funding for health information technology, providing and promoting electronic communications between providers, and protecting against fraud. This is a bad bill. A chance to write good law has been rejected. The bill should be rejected, and I urge my colleagues to vote "no."

Mr. BARTON of Texas. Mr. Chairman, I yield 2 minutes to the Vice Chairman of the Energy and Commerce Committee, the brightest bloom to come out of Laurel, Mississippi, CHIP PICKERING.

Mr. PICKERING. Mr. Chairman, I rise today in support of very significant legislation. Too often in this place we are faced with dilemmas and difficult choices of trying to find savings that could diminish care, the quality of care, the availability, the accessibility of care. But this is actually an opportunity for us, in this Chamber, and as we go through the legislative process in the House and the Senate, to have significant savings to allow a stronger, more sustainable Medicare Medicaid health care system, that instead of reducing the quality of care, improves the quality of care, reduces errors and improves the efficiency of how health care is delivered. This is a great opportunity and it should be an opportunity of bipartisan support. I do believe that when we get to the final product, that when we finish the House and the Senate conference, that this is something where we can have broad consensus. We do not necessarily need partisan division on something that has such great promise and potential to save money, the resources that we so desperately need in our health care system, but, more importantly, to protect and promote and to heal the individuals and the lives across the country.

Just coming out of Katrina, we have seen in hospitals and health clinics and community health centers across Mississippi, the loss of medical records. If

we have electronic records in place, that will not happen in future storms. This is a critical protection to the records which are vital to the health care of our citizens. Those that are poor and low income, electronic records in community health centers and in Medicaid systems and in VA systems have seen and will see tremendous benefits. This is an area in health care policy where we should not be divided, where we should find agreement, and we should accomplish good things together.

Mr. Chairman, I support this legislation, and thank you for your leadership on this issue.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentleman from Illinois (Mr. RUSH).

Mr. RUSH. Mr. Chairman, I was disappointed with this bill during the mark-up in the Energy and Commerce Committee, and I remain disappointed with the final version on the floor today. With information technology, this Congress has an opportunity to revolutionize the way health care is delivered in this country, but this bill is weak and it merely props up the status quo. And, Mr. Chairman, this bill could actually make things worse.

My main concern is that underserved communities would not be a part of the health care information technology revolution. Too often communities such as those I represent where a disproportionate number are minority Americans and are the last to garner the benefits of new technological developments. As such, it is vital that any serious HIT bill have a funding component that aids low income providers. Unfortunately, this bill does virtually nothing to address this very serious problem.

Nor does this bill have adequate requirements for interoperability which is, of course, a very huge flaw. Many low-income residents in densely populated urban environments do not have a primary care doctor that serves as a consistent medical provider. Instead, these citizens often go from provider to provider, from clinic to clinic, and receive their health care only sporadically. As such, it is vital that all of these providers are connected to interoperable information systems, such that they are all able to communicate with each other and share necessary medical information. Without interoperability requirements, we are left with the possibility of a network of fragmented health care delivery systems that are not able to talk to each other and coordinate care.

Mr. Chairman, I must oppose this bill, and I urge my colleagues to oppose it also.

Mr. BARTON of Texas. Mr. Chairman, I yield 2 minutes to a distinguished congressman from the Pelican State of Louisiana, who is a cardiovascular surgeon, Dr. BOUSTANY.

Mr. BOUSTANY. Mr. Chairman, during my career as a cardiovascular surgeon, I saw far too many nurses, physi-

cians and patients waste valuable time on paperwork. And I saw situations where available critical information was not available during a crisis.

Immediately following Hurricane Katrina and Rita, the need for portable electronic medical records became undeniable when thousands of patients' records were destroyed or inaccessible. But we did see some hope in that the New Orleans VA Hospital, despite being flooded, had records for 50,000 patients that survived because of the electronic nature of the records and the backup system that was available.

We also saw a secure Web site, Katrinahealth.org, established through a private/public partnership that was another promising example.

□ 1345

When it comes to the use of information technology, America's health care sector has lagged far behind other economic sectors for decades. Our inefficiencies also squander billions of health care dollars that could otherwise go to helping patients.

This legislation pending before the House today is critical. It will help overcome one of the most significant barriers to the adoption of health IT. Small physician practices find it financially difficult to invest in health IT equipment. The investment can run as high as \$120,000 per physician. Federal statutes currently make it illegal for these providers to accept this equipment from a hospital or an insurance partner. To address this problem, this bill would provide the adequate safe harbor so that organizations could donate equipment to physicians without violating law.

H.R. 4157 will help empower patients. It does preserve State privacy laws. It limits skyrocketing costs. And it will improve quality. Failure to modernize our health system is simply unacceptable, particularly given the aging population, the rising health care costs, and the prospects of future natural disasters.

So I urge passage of this very important legislation.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. Mr. Chairman, I thank my colleague for yielding.

I rise in strong opposition to H.R. 4157. Rather than move our health care system into the 21st century, this bill does little other than bestow gifts upon the insurance companies and big businesses. HIT does have great promise, great opportunity. And as a nurse, I know very well the importance, for example, of electronic medical records. But if the leadership was really serious about facilitating wider-spread adoption of HIT that is able to deliver better quality health care for patients, this bill would have contained the following:

A timeline for achieving interoperability; funding so that hospitals and physicians could afford to purchase the

technology; and, as I mentioned when I spoke against the rule, privacy protections. What good is health information technology if providers cannot communicate with each? What good is the existence of health IT if nobody can afford to use it? And what good is making our personal, private, sensitive information vulnerable to improper access and disclosure?

Unfortunately, we are still in an age where individuals may be discriminated against because of health conditions. Here is our chance in a bill to protect personal information from being used to discriminate against people. And my colleagues on the other side of the aisle have indicated they do not care about patients' rights to privacy. If you look carefully at the organizations supporting privacy protections, you will notice they are patient advocates, consumer groups, health professionals.

Those opposing it? The industry.

Whom are we passing this bill for today? I thought it was supposed to be for patients so that they could receive better care and for the health professionals so they could provide better care. But it is clear to me that this bill before us disregards patients' needs.

We need to start over and do a better job. HIT is that important. But not this bill. I, therefore, oppose H.R. 4157 and urge my colleagues to vote "no."

Mr. BARTON of Texas. Mr. Chairman, I yield 2 minutes to a member of the committee, the distinguished majority whip from the Show-Me State of Missouri, the Honorable Mr. BLUNT.

Mr. BLUNT. Mr. Chairman, I thank Chairman BARTON for yielding and for bringing this bill to the floor.

The chairman and members of our committee, particularly Mrs. JOHNSON from Connecticut on the Ways and Means Committee, have been so instrumental in getting this bill to the floor today. This is a critically important start.

As I sat here and listened to the debate, it is clearly like we are debating two different bills: one that wants to change the entire world in one bill and one that wants to step forward.

On the privacy issue, this does not do anything to change current privacy standards, but what it does is allow the information that people have about their health to be shared in a way that helps them. And in terms of the cost, taxpayers pay an awful lot of the health care cost in the country today. And as my good friend Mr. PICKERING pointed out, this is a way to minimize cost and maximize benefits to patients at the same time. That does not happen very often.

Mr. Chairman, we have a little town in my district, Branson, Missouri, and it has lots of tourists. Seven or eight million people come there every year. Last year, last August, I was sitting at lunch beside the hospital administrator, and he shared with me that particularly in about the fall, most of the tourists that come are retired. Many of



them come as part of a package travel situation. And he said, If you are retired and you paid for a package travel, if you feel like getting on the bus, getting on the airplane, you more often than not make an effort to make that trip, and more times than you would expect, the first stop on that trip is the hospital. For somebody who is on that motor coach who should not have probably gotten on but they get to Branson, Missouri, not feeling all that well, with the right kind of ability to get their health information shared, a 3-day visit to the hospital could be a 3-hour visit to the hospital.

We need to start this process. Chairman BARTON understands that. Mrs. JOHNSON understands that. Our committee understands that. This is the way to do it today. I am pleased to see this bill on the floor. It is an important first step. You can never get there if you do not take the first step. This is a great first step.

And, Chairman BARTON, I applaud your efforts to get this bill on the floor.

Mr. PALLONE. Mr. Chairman, I yield myself the balance of my time.

Mr. Chairman, I just wanted to say, from personal experience in my home State of New Jersey over the last few months, I have visited a number of hospitals throughout the State and looked at their health IT, and I have also talked to a number of physicians. The reason that this legislation is not going to accomplish the goal of really expanding health IT, and I can tell just from my experiences with these hospitals, first of all, most of the doctors say that even for a small group practice, they probably have to invest about \$50,000 or more into health IT. And given the reimbursement rates and what is happening right now, most physicians, particularly small group physicians in rural areas and in urban areas, are not able to make that kind of investment. So that is why we need a funding source.

This bill has very little funding, minimal. And the substitute, which is based on the Senate bill, on a bipartisan basis, would provide the funding to make a meaningful difference so that we would have an increase in health IT. That is what this is all about. That is why we should reject this bill and adopt something like the Senate bill.

In addition, with regard to the privacy provisions, when I visited the hospitals in New Jersey, it was very clear to me that when you start to move with a lot of these electronic and high-tech systems, there is going to be a real problem with privacy that may not exist now with traditional systems. Moving to an electronic system, you have to have additional privacy guarantees. And we feel, again, the Democratic substitute that was rejected by the Rules Committee had those privacy guarantees. I think they are going to be part of our motion to recommit.

This is the time to address the privacy issue in the context of this bill,

and I would ask that we reject the legislation.

Mr. BARTON of Texas. Mr. Chairman, before I yield to Congressman CLAY of Missouri, let me compliment Subcommittee Chairman DEAL for his efforts on this bill. He cannot be here today because his mother is ill, but he worked very hard.

Mr. Chairman, I yield 1 minute to the distinguished congressman from Missouri (Mr. CLAY).

Mr. CLAY. Mr. Chairman, I thank the gentleman for yielding.

Mr. Chairman, I rise today in support of H.R. 4157, the Health Information Technology Promotion Act of 2006. I believe the bill before us is a thoughtful and measured approach for establishing the Federal Government's role in promoting the adoption of a national health information network.

The bill before us takes the logical step of codifying the Office of the National Coordinator for Health IT at HHS. This will ensure long-term stability and continuity in the establishment of policies and programs relating to network interoperability, product certification, and adoption throughout the health care stakeholder community. It will also prove beneficial to both providers and public health agencies nationwide as vital clinical, prescribing, and laboratory information will be accessible through one integrated network.

I want to thank Congresswoman JOHNSON and Congressman DEAL for their good work.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I yield myself 5 minutes.

I rise in strong support of the legislation and would submit my opening statement for the RECORD.

I would like to comment on some of the comments of my colleagues made earlier. Before I do that, let me just take a moment to thank Chairman BARTON and Representative NATHAN DEAL and my own chairman, Chairman BILL THOMAS, for their support and effort in the development of this bill. But instead of doing my opening statement, let me comment on some of the things that have been said to this point.

First of all, on the issue of privacy, this bill sets the groundwork to improve privacy by putting in place a study of State privacy laws and Federal privacy laws so we can see what is working, what is not working, how similar are the State laws, where might their differences inhibit the security of a nationwide system. In other words, it gives us the knowledge we need to upgrade our HIPAA system if, indeed, that is necessary. It may tell us that is not necessary. But it would be absolutely irresponsible to move ahead without the information that will be developed as a result of this legislation. HIPAA already provides absolute protection of our health information.

What we want to know is when you do what this bill envisions, that is, you create a nationwide interoperable health information system to put that

in place and secure personal health data, are there changes you need to make in Federal law? Are there commonalities in State laws that need to be brought closer? Are there any changes, indeed, that need to be made to absolutely secure individual personal health data as we move to this system? That is the issue on privacy.

Secondly, this bill adopts a whole new coding system, the ICD-10 system. Under today's system, you cannot tell whether a hospital has made a great leap forward in quality because they are doing a better job or simply because they have changed an operative technique from an invasive operation to a noninvasive approach to that surgical procedure. So we have to know more about what we are doing so we can talk honestly to ourselves about quality, so we can upgrade quality, and so we can pay accurately. This bill does that.

This bill sets up an Office of Technology, and we need that office to assure that the public and private sectors work together to create an environment in which great companies in America compete to provide the best possible technology, all of which becomes interoperable.

So without a Federal office involved, without standards being set, we will not have that interoperable system that we know is going to be so important to improve the quality of our health care system.

Not only do we need to have standards; we need to accelerate dissemination because the power of health information technology is not in a single provider. It is in the system-wide impact of it. So this bill helps disseminate that technology in part through its grant provision. But, realistically, the government is not going to pay for this. The system is going to do it because it creates such system efficiencies that it pays the system back. However, in addition to grants we encourage the system to be able to disseminate technology by allowing consortium to develop, by allowing a hospital in a small town to work with the big employers in that town, the big insurers in that town, to get together to get a good deal on technology or on several technologies so that technologies are appropriate to the providers but are interoperable.

So this not only deals with the development of standards, with the dissemination of technology, with building the knowledge base we need to ensure the privacy of personal health information. It moves to a more modern coding system, and it will deliver to us a dramatic revolutionary increase in the quality of health care available in America. It will not only reduce medical errors and eliminate adverse drug interactions, saving millions of dollars, reduce administrative costs by billions, but also allow us to do chronic disease management for our seniors, care management for the severely ill, and upgrade the quality of diagnosis and

treatment and return ourselves to a patient-centered affordable health care system.

So this is an important bill that sets the foundation for the future. And I am astounded at my colleagues on the other side of the aisle opposing it because it does not do things we are not yet prepared to do.

Today the House of Representatives has the opportunity to pass legislation that will lay the foundation for a new era in health care. Systemwide adoption of health information technology will dramatically improve the quality of care. It will reduce medical errors, reduce duplication and unnecessary care, and bring cutting edge information to the service of doctors as they diagnose and treat their patients. It will also eliminate many of the administrative inefficiencies that characterize the American health system and strengthen and protect the security and confidentiality of health information systems. In short it will fundamentally advance the practice of medicine and improve the quality of care all Americans will have access to.

Unfortunately, the adoption of health information technology has been frustratingly slow. Since the full potential of this technology can only be harnessed if it is widely disseminated amongst all types and sizes of providers, it is imperative to pass H.R. 4157 to speed the adoption and diffusion of health information technology.

This legislation is modest in scope. It lays the groundwork for fundamental change by removing the barriers to private sector adoption. It provides for a national framework for the development and widespread dissemination of interoperable health information technology by creating an office to coordinate the development of a national health information system. It promotes common-sense cooperation between doctors and hospitals and other providers by allowing entities to provide physicians and others with hardware, software, training or IT support services. It updates diagnosis coding systems for the digital age and provides an expedited process for ongoing updating of technology standards. It begins a process for creating greater commonality amongst state and federal security and confidentiality laws and regulations in order to better protect and strengthen the exchange and health information. Additionally, it provides grants for the adoption of health information technology to coordinate care among the uninsured and to implement technology in small physician practices. Finally, it includes studies and reports on the expansion of telehealth services in Medicare.

Health information technology touches every aspect of the health care system. It will enable us to provide disease management for all those with chronic illnesses, care management for those with severe, complex illnesses, and provide access to preventive and appropriate care for the uninsured. It will reduce medical errors, adverse drug interactions, and decisive support to improve the quality of diagnosing and treating patients.

The role technology can play in the systems of health care will be as revolutionary as the role technology has played in health care research and treatments. H.R. 4157 removes barriers to greater adoption of information technology in the health system so the long overdue potential of technology can be realized in health care.

Mr. Chairman, I reserve the balance of my time.

□ 1400

Mr. STARK. Mr. Chairman, I yield myself such time as I may consume.

(Mr. STARK asked and was given permission to revise and extend his remarks.)

Mr. STARK. Mr. Chairman, I am going to start with three fairy tales, I had four, but my staff made me cut one out, fairy tales your mother would tell you.

One, if you didn't clean your ears, potatoes would grow in your ears. The second fairy tale my mother told me was if you ate too many watermelon seeds, a watermelon vine would grow out of your belly button. The third fairy tale is that this bill will do one blessed thing to help information technology.

I am not surprised that my colleagues on the other side of the aisle spin every issue in a partisan way, but it is a shame that you are now using health information technology as a pawn to advance your bankrupt ideology. The promise that information technology holds to save lives and money is vast, but H.R. 4157 forestalls that promise.

It is a lousy bill. It does nothing. H.R. 4157 doesn't provide for the development of or the adoption of interoperability standards; it does not provide funding to help providers transition to an electronic medical records system; and it does not strengthen privacy protections.

It does do one thing: It weakens Medicare's fraud and abuse laws. My colleague from Louisiana on the Ways and Means Committee acknowledged in our full committee markup that if the fraud and abuse provisions were removed from this bill, it would accomplish nothing. Zip. That is a Republican who said that.

CBO says, "CBO estimates that enacting H.R. 4157 would not significantly affect either the rate at which the use of health technology will grow or how well that technology will be designed and implemented."

The reason that it has no cost is it doesn't do a bloody thing.

People who I often disagree with, America's Health Insurance Plans, representing the for-profit hospitals and plans, wrote to us and said, "The pending legislation falls short of its stated goals and will lead to serious unintended consequences for consumers. We have consistently shared these concerns, and cannot support the legislation with the following provisions as currently drafted."

I don't know what my colleagues across the aisle think they are doing. We offered some amendments to address the serious failings of this bill and we were opposed on party line votes. Mrs. JOHNSON, Mr. SHAW and Mr. HAYWORTH voted against adding funding so that doctors could afford to transition. These same people, Mrs.

JOHNSON, Mr. SHAW and Mr. HAYWORTH voted against adding provisions that contain waste, fraud and abuse. They opposed setting a date certain for the implementation of interoperability and standards. And they opposed, Mr. SHAW, Mr. HAYWORTH and Mrs. JOHNSON, an amendment to make sure that people's private medical records were protected. Unfortunately, these amendments, all rejected on party line votes, would have improved the bill somewhat.

This does not have to be a partisan issue. The Senate was able to pass unanimously a bill that is greatly better than this bad bill.

I have spent countless hours reading and discussing this issue with physicians and other experts. I spent a day at the VA to learn about their system. On numerous occasions, I have reached across the aisle in an attempt to come up with some vision about how we might move forward.

Sadly, this is just a fig leaf, a political statement for campaigns that does absolutely nothing to improve the future of information technology, which is sadly needed by our medical providers. Indeed, it does harm to that. I hope we can reject this bill, come back after the elections when there is a better climate for bipartisan work and report a bill out that will do some good.

I urge my colleagues to oppose 4157.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I yield 2 minutes to the gentleman from Pennsylvania (Mr. ENGLISH).

Mr. ENGLISH of Pennsylvania. Mr. Chairman, I want to thank the gentlelady for yielding.

I rise today in support of H.R. 4157, which is not a panacea, but is an important starting point on this very important topic.

This legislation would work to ensure interoperability standards for health IT are adopted, stimulating investment in electronic health records, electronic prescribing and other forms of IT that have been demonstrated to make health care safer and more efficient.

Only through a truly interoperable, nationwide system will the benefits of health information technology be fully realized. The widespread adoption of health IT holds great promise to reduce medical errors and administrative costs, which can lead it to a dramatic improvement in the quality, the delivery and the cost of health care.

A couple of years ago in my district, I established a Health Care Cost Containment Task Force which identified preventable mistakes and physician errors as a significant source of health care costs in the system. One of my task force's recommendations was to help curb the rise of preventable medical errors through the implementation of health information technology.

I am very pleased with the work that our subcommittee and its chairman have done in this area. This is a very important initiative because, compared

to other industries, health care has a neolithic perspective when it comes to information technology.

The core idea, Mr. Chairman, behind an electronic health care system, is that doctors in one State treating an emergency room patient visiting from another State should be able to access that patient's records on a nationwide health care technology system. In this way, the patient will be better protected, the doctors will be able to treat the patient more quickly and more effectively, which would cut down on errors, and the Nation will save on health care spending.

By supporting this legislation, we make a significant move forward in bringing health care information technology fully into the 21st century and, in the process, saving lives and resources as well.

Mr. STARK. Mr. Chairman, I am pleased to yield 2 minutes to my colleague from the Virgin Islands, Dr. CHRISTENSEN, who knows firsthand how important the issue is before us today.

Mrs. CHRISTENSEN. Mr. Chairman, I thank Mr. STARK for yielding.

Mr. Chairman, there is no doubt that health information technology, or HIT, holds great promise in helping us solve some of our most pressing health care issues, such as reducing escalating health care costs and medical errors.

Yesterday I appeared before the Rules Committee to request that an amendment to H.R. 4157 be made in order which would ensure that HIT monitor and measure the racial, ethnic and geographic health disparities. The amendment, like others, was not accepted, and the committee lost an opportunity to make this bill better, to improve the health of millions of hard-working Americans who it is proven are discriminated against in health care and further reduce the health care costs caused by disparities.

Disparities that cause, for example, the maternal mortality rate for African American women to be almost five times higher than that for their white counterparts; or the infant mortality rate in African Americans and American Indian/Alaska Natives to be more than two times higher; or although they account for just one-quarter of the total U.S. population, for Latino and African Americans to account for more than two-thirds of newly reported AIDS patients.

A recent IOM report noted that anywhere from 44,000 to 98,000 deaths were caused each year by medical errors, but another report by former Surgeon General Dr. David Satcher found that health disparities caused more than 85,000 preventable deaths in African Americans every year.

The amendment I sponsored would have played a key role in helping providers, executives and administrators in the health care system better ensure an equity in the delivery of health care that does not now exist, while at the same time, further reducing unnecessary health care costs.

So today before us is a bill that doesn't have the needed privacy protections; it is underfunded, which ensures inequity will exist across the country; and does nothing to correct the greatest injustice of our time, the health care disparities that cause premature and preventable deaths and disability every day in this country that has the wherewithal to do better.

I encourage my colleagues to oppose H.R. 4157.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I yield myself 40 seconds.

Mr. Chairman, my colleagues on the other side of the aisle are acting as if we had technology that, if we only had the money, we could implement. That just isn't so. Secretary Levitt and Dr. Brailer have led a phenomenal aggressive, strong effort and through their effort, working with the public and private sector, they have established standards for electronic health records and for E-prescribing.

But there are a lot more standards to be set. And in this bill, we do have a date certain, but it is way off in 2009. I think we will get there before then. But, as important, we put in this bill a very progressive, accelerated way of updating those standards, because this is going to be about continuous improvement.

My colleagues on the other side of the aisle that talk about minority health are absolutely right. Unless we get health information technology implanted and we move to chronic disease management and health care management, we cannot meet the needs of care our minority population need. That is why this bill is so important.

Mr. STARK. Mr. Chairman I am pleased at this time to yield 2 minutes to the gentleman from Rhode Island (Mr. KENNEDY), who has been a champion on the issue of information technology.

Mr. KENNEDY of Rhode Island. Mr. Chairman, I thank Mr. STARK for his leadership on this issue.

Mr. Chairman, we are talking today about the potential to revolutionize our health care system by means of technology that we are using in almost every other industry currently in our society except the industry that probably could benefit the most from it, and that is our health care system.

We are after this for many different reasons, but one of the reasons I am after it for is because I want to reduce the cost of health care for my constituents. My constituents, whether they be businesses that are paying exorbitant premiums for their workers, or the workers who are paying high premiums themselves, or whether it is not only the consumer, but it is even the providers that are getting shortchanged on their reimbursement, no one is happy with the current health care system.

So, Mr. Chairman, what we could do today is do what has been already outlined by the Rand report, which says we could save \$162 billion in direct

costs because we would now not have to duplicate care if we have care now that is tracked, so we don't have to go to four different doctors and not have each doctor repeat the same test.

We can now make sure that the best in care gets to everybody, because now the evidence base will be available to all doctors, no matter where they live in this country, so people will get the same and the best of care.

But, frankly, Mr. Chairman, this bill doesn't do it. This bill doesn't do it. Why? Because it doesn't implement the quality standards to ensure that people get that good care. It doesn't ensure that we move quickly to the adoption, because, one, it sets up the adoption date too far in the future. Why are we waiting? If we are acknowledging this is important, why are we putting this off?

Next, when it comes to making sure that there is privacy, I don't frankly understand how we can go into an electronic age in medical records and not ensure that people's personal medical privacy is protected.

For those reasons, I will be voting against this legislation.

Mrs. JOHNSON of Connecticut. Mr. Chairman, yield 2 minutes to the gentleman from Missouri (Mr. HULSHOF).

(Mr. HULSHOF asked and was given permission to revise and extend his remarks.)

Mr. HULSHOF. Mr. Chairman, I would like to thank the Chair of the Health Subcommittee, especially for her bold initiative and leadership on this bill, for really trying to wrestle with a very important issue and looking ahead and being a visionary as far as employing technology and how we can improve health care in this country. It is a good bill. I am proud to be an original cosponsor.

I would especially like to touch some the telemedicine, telehealth, provisions. I appreciate very much that Mr. THOMPSON of California and I have put together a bill where the bottom line, Mr. Chairman, is that with advancements in telecommunications, health care providers in small communities can now access resources that are available in the finest hospitals and academic institutions in the country.

The quality of one's health care should not be dictated by one's ZIP Code. So I am very excited about the fact that technologies like interactive video conferencing, the Internet, satellite, are already systematically changing the face of our Nation's health care.

This legislation directs the Secretary to work with the telehealth community, especially as far as services across State lines. We know that that is an issue. We want to expand the origination and consulting sites so that more of our underserved communities will have access to the best health care that the community has to offer.

□ 1415

I would like to brag a little bit, Mr. Chairman, because telehealth patients

from small towns throughout my district in Missouri have been receiving specialist care or services from a variety of specialists, including mental health providers. I know that is certainly a hot-button issue for many here, without having to take available time, maybe, away for caring for a loved one or from work or for school or for other parental duties.

Right now there are 2,000 patients in Missouri that are cared for using Missouri's telehealth network. It is estimated over 40,000 radiological examinations have been performed. In fact, one example: a critical-access hospital in the small town of Macon, Missouri, unexpectedly lost the only radiologist in the area. There was not another specialist within that underserved area.

Fortunately, the University of Missouri stepped in to provide coverage during this 4-month period of time so this small community could have access to a qualified radiologist. Again, there are lots of good things in this bill. But telemedicine is one piece of it. I commend the chairwoman and I urge everyone to support it.

I thank the chair of the Health Subcommittee, on which I serve, for her bold leadership on this bill and improving health information technology in this country.

H.R. 4157 will launch the American healthcare system into full capacity to take advantage of the best technology. This will give all Americans better health care, more accessible medical records, and better quality of care.

It is a good bill of which I am proud to be an original cosponsor.

I would like to touch on the telemedicine provisions of the bill.

The Health Information Technology Promotion Act includes important provisions for the advancement of telehealth services—Requires the Secretary of HHS to take steps that expedite the provision of telehealth services across State lines by taking a closer look at State licensure issues; requires the Secretary to conduct two studies: (1) a study on the use of store and forward technology in the provision of telehealth services; and (2) a study on the coverage of telehealth services provided in home health agencies, county mental health clinics and other publicly funded mental health facilities.

Advancement in telecommunications now allows health care providers in small communities to access the resources available in the finest hospitals and academic institutions. Individuals in this country should receive the health care they need regardless of where they live. A person's address should not dictate the state of their health. Technologies such as interactive videoconferencing, the Internet and satellite are already systematically changing the face of our Nation's health care.

In 2000, the Congressional Budget Office estimated that the telehealth provisions of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, BIPA, would cost \$150 million over 5 years. In June I asked CMS to provide me with information on how much the Federal Government has spent to date to get an idea of how close we are to CBO projections. I was astonished to

find that since October 1, 2001 Medicare has only reimbursed for approximately \$1.2 million total for telehealth services and originating site facility fees. This illustrates that the Federal Government has made a minor contribution compared to what we were expected to spend. And more needs to be done.

This legislation highlights the capabilities of telemedicine by directing the Secretary to work with the telehealth community to find solutions to the services across State lines issue, and expanding origination and consulting sites so more of our underserved communities will have access to the best health care this country has to offer.

I would also like to brag on how, because of telehealth, patients from small towns throughout my district are able to receive services from a variety of specialists, including mental health providers, without having to take valuable time away from work, school or parental duties.

Currently in Missouri, over 2,000 patients per year are cared for using the Missouri Telehealth Network and it is estimated that over 40,000 radiology exams have been performed. In fact, in my district, a Critical Access Hospital in the town of Macon unexpectedly lost its only radiologist, leaving the area without a specialist in this area. Fortunately, the University of Missouri stepped in to provide coverage through the telehealth network for a 4-month period until a new radiologist was hired. Without this option, Macon residents would have been forced to either commute or simply go without radiological care.

It is my hope that via this legislation, rural and underserved areas in my district and across the country will be able to find the same successes experienced with the Missouri Telehealth Network.

Mr. STARK. Mr. Chairman, I yield 2½ minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Chairman, during the 12 years that Republicans have controlled this House, they have done very little to address the real concerns of families confronted with a health care crisis. This afternoon during rush hour, some family, in fact probably many families, will suffer a severe auto accident on the way home.

Perhaps a mom will be found to have breast cancer, or a child a serious childhood disease. And as these health care challenges emerge, tens of thousands of families across America will end up not only driven into despair but into bankruptcy.

And yet Republicans have not offered real solutions to address those kinds of problems. Recognizing their failures earlier this year, both Senate and House Republican leaders declared there would be a "health care week." Well, the Senate took up their "health care week," and every old, retread Republican proposal that they had was rejected.

So I guess too embarrassed to have "health care week" here in the House, even though they declared it, the Republicans canceled "health care week," just like they have canceled so many of the commitments that they made back in 1994 to the American people.

And what they have left as their one new idea for the crisis that American

families face in health care is this pitiful proposal. They have discovered that the answer to the problems American families face with health care is not what the American families thought was their problem about getting access to affordable, quality health care. No, it is bad handwriting. Yes. We all know the legendary bad handwriting of physicians that is the subject of cartoons and stories.

But by golly, they are solving that. All of these physicians, and the hospitals and the clinics, will be using electronic records and solve that penmanship problem. Well, that is not a bad idea. It is just that they do not put their money where their mouth is.

They tell the physicians and the clinics, you figure out how to pay for this technology. And in the process of this transformation, once again, as they have done with our library records and our phone records and our veterans records, they couldn't really care less about privacy.

Think about whether you want your psychiatric records, your prescription records on the Internet for other people to see. Because this legislation does not provide the guarantee of privacy. And so fearful are they of a true debate about protecting the privacy rights of Americans to their medical records, to their health care records, that may affect their future employment, that may affect their future family relations, that may affect their ability to get insurance.

So fearful are they of a debate about that, they refuse to let us offer even one amendment to address patient privacy.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I ask how much time is remaining.

The CHAIRMAN. The gentlewoman has 2½ minutes remaining.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I yield 1 minute to the gentleman from New Jersey (Mr. FERGUSON).

Mr. FERGUSON. Mr. Chairman, I thank the gentlewoman for yielding me time.

Mr. Chairman, I rise today in favor of a bill that would help us usher in 21st-century medicine into the doctors' offices of our country. By encouraging the dissemination of health information technology, we move full speed ahead toward establishing an infrastructure necessary to create an environment where errors are reduced and care is improved.

This bill promotes cooperation between doctors and hospitals and provides physicians with the IT support services they need to establish this infrastructure. In particular, I am pleased this bill includes an amendment that I sponsored in the Energy and Commerce Committee with Congressman TOWNS that would provide grants for the use of health information technology to coordinate care for the uninsured.

These grants are targeted to integrated health systems that have demonstrated success in the past for treating the uninsured and underinsured populations in underserved communities. This is just one example of how this bill helps to provide the necessary framework for health IT for all Americans.

Mr. Chairman, I invite all of our colleagues to support this commonsense legislation. It will help establish a framework of care for all Americans as we head into the 21st century.

Mr. STARK. Mr. Chairman, to close debate for our side, I yield 1 minute to the gentleman from Maryland (Mr. HOYER), the distinguished minority whip, who supports information technology, but realizes this bill does nothing to help it.

Mr. HOYER. Mr. Chairman, Democrats worked with the health care and technology industries to write a bill that would lead to the widespread use of information technology in medicine, a necessity. The effective use of it can reduce medical errors, health care costs, and save lives.

Mr. Chairman, we should be taking up the Dingell-Rangel bill today, a bill that was virtually identical to the bill that passed unanimously in the United States Senate. Instead, we are voting on a Republican bill that fails to provide for the development or adoption of interoperability standards, that fails to provide funding to help providers transition to an electronic medical records system, and that fails to strengthen privacy protections.

What a shame. What a missed opportunity. We should oppose this bill, and we should bring the Rangel bill to the floor.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I yield 30 seconds to the gentleman from Pennsylvania (Mr. MURPHY).

Mr. MURPHY. Mr. Chairman, for the record I would like to note that the HIPAA laws do apply to this with regard to privacy, whereby there would be fines up to \$250,000 and up to 10 years in prison for disclosure or obtaining health information in many of these areas. So it does apply.

The second is the CBO report which is being taken out of context. It mentioned that there can be savings for Medicare in this. And as hospitals learn to adapt to health information technology, if they do not adapt right, that may be more costly; but overall there are many savings in this.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I yield the balance of our time to the gentleman from Illinois (Mr. KIRK).

Mr. KIRK. Mr. Chairman, I rise in support of this legislation because it will dramatically improve civilian health care, the way this technology has already done for veterans across America. When Katrina hit New Orleans, many civilian hospital record rooms were wiped out, including the medical history of thousands.

Meanwhile, American veterans already had fully electronic medical records, and their medical histories were seamlessly transmitted to other VA hospitals in Baton Rouge or Houston for complete care.

There is a reason why Senator CLINTON and Speaker Gingrich both so strongly support a full deployment of electronic medical records. They reduce medical errors and improve care as they already have demonstrated to do so heavily in the VA.

Our Federal law already sanctions any violation of medical privacy with up to 10 years in jail and \$250,000 fines.

This legislation is the third part of our suburban agenda, commonsense reforms to improve the health care for all American patients.

Mr. CLAY. Mr. Chairman, I rise today in support of H.R. 4157, the Health Information Technology Promotion Act of 2006. I believe the bill before us is a thoughtful and measured approach for establishing the Federal government's role in promoting the adoption of a national health information network.

The bill before us takes the logical step of codifying the Office of the National Coordinator for Health IT at HHS. This will ensure long-term stability and continuity in the establishment of policies and programs relating to network interoperability, product certification, and adoption throughout the health care stakeholder community. It will also prove beneficial to both providers and public health agencies nationwide, as vital clinical, prescribing, and laboratory information will be accessible through one integrated network.

Just last week, the Institute of Medicine released its report on the number error rates involved with prescribing patient medications, and how the use of e-prescribing would contribute to reducing the number of annual errors in hospitals by 400,000 and save an estimated \$3.5 billion this year alone. Utilizing health IT is not only economically beneficial, but will also prevent many costly and unnecessary patient injuries relating to drug interactions.

I realize the bill before us is not a perfect one, and I agree with my friends who have stated that stronger protections for the security and privacy of personal health information are desperately needed. Let me be clear that I'm very disappointed that some thoughtful amendments offered by my Democratic colleagues on security and privacy will not be considered today. I do not believe, however, that health IT platforms used for the preservation or transmission of identifiable patient information are any more vulnerable to security breaches than modern paper-based record systems.

In fact, many providers, insurers, and hospitals have already transitioned from paper based records to electronic health record systems, while taking internal steps to ensure that appropriate security and access controls are built into their IT systems and are compliant with current law. All we are doing today is taking the next step to ensure that all who choose to utilize health IT have a blueprint for system standards to ensure optimal functionality for all participants.

I thank Congresswoman JOHNSON and Congressman DEAL for their good work.

Mr. CARDIN. Mr. Chairman, I rise in opposition to this bill. I am disappointed that the

House has missed an opportunity to promote in a meaningful way our health care system's transition from a paper-based medical records system to an electronic one. Congress is in nearly unanimous agreement that this move is necessary, and that it is in the best interest of patients, providers, and health care quality over all.

But it appears that we have before us legislation that will do little to move the Nation toward that goal, and that in some respects, may be harmful. As a member of the Ways and Means Committee, which considered this bill earlier this year, I had the opportunity to vote on several amendments that would have strengthened this bill, that would have enabled our Committee to bring this bill to the floor with bipartisan support. Those amendments would have added funding so that doctors could afford to transition to electronic medical records; removed provisions that expand fraud and abuse, set a date certain for the implementation of interoperability standards, and guaranteed the confidentiality of personal health information. Unfortunately, each was defeated on a party-line vote.

So the bill before us today still contains several fundamental problems. The first is the lack of strong privacy protections. Mr. Chairman, I wonder how many breaches of supposedly secure electronic medical records must occur before we get serious about enacting strong privacy protections into law. In two weeks, we will mark the 10th anniversary of the Health Insurance Portability and Accountability Act. Privacy regulations stemming from that law were finally issued in 2001. Ten years ago, Americans' familiarity with electronic communication and electronic transfer of information was quite limited. HIPAA does not protect individuals.

The second is a lack of funding. My colleagues, Mr. WYNN, Mr. ENGEL, and Ms. SCHAKOWSKY and I offered an amendment that would have provided grants for community health centers and hospitals with high numbers of low-income patients. These are the facilities that already face severe financial strains. They include many community health centers in Baltimore and larger facilities such as Prince George's Hospital Center in my home state of Maryland. They do not have extra money to implement expensive health information technology systems. Our amendment would have given them needed help to take advantage of health information technology for their patients, many of whom face significant health challenges due to chronic illnesses. If adopted, our amendment would have helped these facilities leap the financial hurdles that will otherwise prevent the spread of health information technology. Unfortunately, the Rules Committee refused to allow our amendment to be made in order.

Mr. Chairman, many of my colleagues have made this point, but it bears repeating: The nonpartisan Congressional Budget Office estimates that enacting this bill in its present form "would not significantly affect either the rate at which the use of health technology will grow or how well that technology will be designed and implemented." The lack of funding is one of the primary reasons why.

I am also very concerned about the exceptions to the Stark anti-self-referral and anti-kickback laws contained in the underlying bill. These provisions would serve to seriously weaken these important consumer protection

laws. In H.R. 4157 as it is being considered today, physicians could be offered free or discounted technology in exchange for referring their patients to a facility or for a particular service. According to the Congressional Budget Office, these exceptions would raise health care costs.

Mr. Chairman, I will vote for the motion to recommit, which will protect medical privacy. It will ensure that patients can keep their medical records out of electronic databases unless they first give their permission. It will require patient notification if their health information is misused, lost, or stolen. It requires the use of encryption and other safeguards against theft. Importantly, it would permit patients to limit access to particularly sensitive information, such as mental health data. Finally it would protect state privacy laws that may be more protective of patient confidentiality.

I support the provisions of the bipartisan bill passed by the Senate, and I would hope that, for the sake of improved patient care, for better access to health information technology, for better privacy standards, that is the bill that emerges from conference. I urge my colleagues to join me in opposition to H.R. 4157.

Mr. VAN HOLLEN. Mr. Chairman, I rise today in reluctant opposition to H.R. 4157, the Information Technology Promotion Act of 2005. It is unfortunate that the House Republican leadership refused to allow this Congress the opportunity to strengthen this bill and protect the privacy of patients.

Like many of my colleagues, I support moving our health care system into the "information age"—it holds the promise of saving lives, saving money, and saving time. However, I am concerned that H.R. 4157 does not adequately protect the privacy of patients. In light of millions of electronic data records being exposed due to recent high-profile security breaches, it is troubling that this legislation does not adequately address this critical issue.

Unfortunately, the House Republican leadership would not allow us the opportunity to vote on an alternative bill that was based on the bipartisan Senate health information technology legislation (S. 1418)—which unanimously passed that chamber. This alternative proposal included safeguards for Americans to protect their personal medical records from identity thieves.

Mr. Chairman, health information technology should not be a partisan issue. Congress should not miss the opportunity to transition our health care into the 21st century, but it must be done in a manner that will protect the sensitive health information of millions of Americans. I am hopeful that the final version of the legislation will be fashioned in a bipartisan, bicameral fashion by the House-Senate Conference.

Mr. KIND. Mr. Chairman, I rise in appreciation that House Leadership has at last brought a health information technology bill to the Floor. As a cochair of the New Democrat Coalition, I have been a long-time supporter of health IT. I believe health IT, if done correctly, will highlight the need for personal accountability in health care, advance technological innovation, promote fiscal responsibility and, most importantly, improve health and save lives. Additionally, great strides can be made in homeland security as well as tracking disease and infection.

I am pleased that H.R. 4157 will codify in law the Office of the National Coordinator for

Health Information Technology and that the coordinator will be tasked with devising a national strategic plan for implementing health IT. Additionally, the grant money authorized by the bill is a worthwhile, if small, step in the right direction. Representing western Wisconsin, I know too well how difficult it is for small medical practices to afford the purchase and upkeep of software and hardware needed for electronic medical records. The \$5 million in grants to rural or underserved urban areas is the first of many such grants Congress must facilitate.

While I am pleased the bill is moving forward, I am disappointed that negotiations were not done in a more bipartisan manner. It is good to see that harmful and invasive policies on privacy issues were removed from the bill, and I am hopeful that when the House and Senate meet in conference, members will take a hard look at strengthening further the bill's privacy provisions.

Mr. Chairman, I plan on voting for this health IT bill and look forward to working with the Senate on improving it. America's doctors, nurses, and patients deserve 21st century technology in the health care system, and it is past time for Congress to be acting on this issue.

The CHAIRMAN. All time for general debate has expired.

In lieu of the amendments recommended by the Committees on Energy and Commerce and Ways and Means printed in the bill, the amendment in the nature of a substitute printed in part A of House Report 109-603, modified by the amendment printed in part B of the report, is adopted. The bill, as amended, shall be considered as the original bill for purpose of further amendment under the 5-minute rule and shall be considered as read.

The text of the bill, as amended, is as follows:

#### SECTION 1. SHORT TITLE AND TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Health Information Technology Promotion Act of 2006".

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

- Sec. 1. Short title and table of contents.
- Sec. 2. Preserving privacy and security laws.

#### TITLE I—COORDINATION FOR, PLANNING FOR, AND INTEROPERABILITY OF HEALTH INFORMATION TECHNOLOGY

- Sec. 101. Office of the National Coordinator for Health Information Technology.
- Sec. 102. Report on the American Health Information Community.
- Sec. 103. Interoperability planning process; Federal information collection activities.
- Sec. 104. Grants to integrated health systems to promote health information technologies to improve coordination of care for the uninsured, underinsured, and medically underserved.
- Sec. 105. Small physician practice demonstration grants.

#### TITLE II—TRANSACTION STANDARDS, CODES, AND INFORMATION

- Sec. 201. Procedures to ensure timely updating of standards that enable electronic exchanges.
- Sec. 202. Upgrading ASC X12 and NCPDP standards.

- Sec. 203. Upgrading ICD codes; coding and documentation of non-medical information.
- Sec. 204. Strategic plan for coordinating implementation of transaction standards and ICD codes.
- Sec. 205. Study and report to determine impact of variation and commonality in State health information laws and regulations.

#### TITLE III—PROMOTING THE USE OF HEALTH INFORMATION TECHNOLOGY TO BETTER COORDINATE HEALTH CARE

- Sec. 301. Safe harbors to antikickback civil penalties and criminal penalties for provision of health information technology and training services.
- Sec. 302. Exception to limitation on certain physician referrals (under Stark) for provision of health information technology and training services to health care professionals.
- Sec. 303. Rules of construction regarding use of consortia.

#### TITLE IV—ADDITIONAL PROVISIONS

- Sec. 401. Promotion of telehealth services.
- Sec. 402. Study and report on expansion of home health-related telehealth services.
- Sec. 403. Study and report on store and forward technology for telehealth.
- Sec. 404. Methodology for reporting uniform price data for inpatient and outpatient hospital services.
- Sec. 405. Inclusion of uniform price data.
- Sec. 406. Ensuring health care providers participating in PHSA programs, Medicaid, SCHIP, or the MCH program may maintain health information in electronic form.
- Sec. 407. Ensuring health care providers participating in the Medicare program may maintain health information in electronic form.
- Sec. 408. Study and report on State, regional, and community health information exchanges.

#### SEC. 2. PRESERVING PRIVACY AND SECURITY LAWS.

Nothing in this Act (or the amendments made by this Act) shall be construed to affect the scope, substance, or applicability of section 264(c) of the Health Insurance Portability and Accountability Act of 1996 and any regulation issued pursuant to such section.

#### TITLE I—COORDINATION FOR, PLANNING FOR, AND INTEROPERABILITY OF HEALTH INFORMATION TECHNOLOGY

##### SEC. 101. OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY.

(a) IN GENERAL.—Title II of the Public Health Service Act is amended by adding at the end the following new part:

#### "PART D—HEALTH INFORMATION TECHNOLOGY

##### "SEC. 271. OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY.

"(a) ESTABLISHMENT.—There is established within the Department of Health and Human Services an Office of the National Coordinator for Health Information Technology that shall be headed by the National Coordinator for Health Information Technology (referred to in this part as the 'National Coordinator'). The National Coordinator shall be appointed by and report directly to the Secretary. The National Coordinator shall be paid at a rate equal to the rate of basic pay for level IV of the Executive Schedule.

"(b) GOALS OF NATIONWIDE INTEROPERABLE HEALTH INFORMATION TECHNOLOGY INFRASTRUCTURE.—The National Coordinator shall



perform the duties under subsection (c) in a manner consistent with the development of a nationwide interoperable health information technology infrastructure that—

“(1) improves health care quality, promotes data accuracy, reduces medical errors, increases the efficiency of care, and advances the delivery of appropriate, evidence-based health care services;

“(2) promotes wellness, disease prevention, and management of chronic illnesses by increasing the availability and transparency of information related to the health care needs of an individual for such individual;

“(3) promotes the availability of appropriate and accurate information necessary to make medical decisions in a usable form at the time and in the location that the medical service involved is provided;

“(4) produces greater value for health care expenditures by reducing health care costs that result from inefficiency, medical errors, inappropriate care, and incomplete or inaccurate information;

“(5) promotes a more effective marketplace, greater competition, greater systems analysis, increased consumer choice, enhanced quality, and improved outcomes in health care services;

“(6) with respect to health information of consumers, advances the portability of such information and the ability of such consumers to share and use such information to assist in the management of their health care;

“(7) improves the coordination of information and the provision of such services through an effective infrastructure for the secure and authorized exchange and use of health care information;

“(8) is consistent with legally applicable requirements with respect to securing and protecting the confidentiality of individually identifiable health information of a patient;

“(9) promotes the creation and maintenance of transportable, secure, Internet-based personal health records, including promoting the efforts of health care payers and health plan administrators for a health plan, such as Federal agencies, private health plans, and third party administrators, to provide for such records on behalf of members of such a plan;

“(10) promotes access to and review of the electronic health record of a patient by such patient;

“(11) promotes health research and health care quality research and assessment; and

“(12) promotes the efficient and streamlined development, submission, and maintenance of electronic health care clinical trial data.

“(c) DUTIES OF THE NATIONAL COORDINATOR.—

“(1) STRATEGIC PLANNER FOR INTEROPERABLE HEALTH INFORMATION TECHNOLOGY.—The National Coordinator shall provide for a strategic plan for the nationwide implementation of interoperable health information technology in both the public and private health care sectors consistent with subsection (b).

“(2) PRINCIPAL ADVISOR TO THE SECRETARY.—The National Coordinator shall serve as the principal advisor to the Secretary on the development, application, and use of health information technology, and shall coordinate the policies and programs of the Department of Health and Human Services for promoting the use of health information technology.

“(3) INTRAGOVERNMENTAL COORDINATOR.—The National Coordinator shall ensure that health information technology policies and programs of the Department of Health and Human Services are coordinated with those of relevant executive branch agencies and departments with a goal to avoid duplication

of effort, to align the health information architecture of each agency or department toward a common approach, to ensure that each agency or department conducts programs within the areas of its greatest expertise and its mission in order to create a national interoperable health information system capable of meeting national public health needs effectively and efficiently, and to assist Federal agencies and departments in security programs, policies, and protections to prevent unauthorized access to individually identifiable health information created, maintained, or in the temporary possession of that agency or department. The coordination authority provided to the National Coordinator under the previous sentence shall supersede any such authority otherwise provided to any other official of the Department of Health and Human Services. For the purposes of this paragraph, the term ‘unauthorized access’ means access that is not authorized by that agency or department including unauthorized employee access.

“(4) ADVISOR TO OMB.—The National Coordinator shall provide to the Director of the Office of Management and Budget comments and advice with respect to specific Federal health information technology programs.

“(5) PROMOTER OF HEALTH INFORMATION TECHNOLOGY IN MEDICALLY UNDERSERVED COMMUNITIES.—The National Coordinator shall—

“(A) identify sources of funds that will be made available to promote and support the planning and adoption of health information technology in medically underserved communities, including in urban and rural areas, either through grants or technical assistance;

“(B) coordinate with the funding sources to help such communities connect to identified funding; and

“(C) collaborate with the Agency for Healthcare Research and Quality and the Health Services Resources Administration and other Federal agencies to support technical assistance, knowledge dissemination, and resource development, to medically underserved communities seeking to plan for and adopt technology and establish electronic health information networks across providers.”

(b) TREATMENT OF EXECUTIVE ORDER 13335.—Executive Order 13335 shall not have any force or effect after the date of the enactment of this Act.

(c) TRANSITION FROM ONCHIT UNDER EXECUTIVE ORDER.—

(1) IN GENERAL.—All functions, personnel, assets, liabilities, administrative actions, and statutory reporting requirements applicable to the old National Coordinator or the Office of the old National Coordinator on the date before the date of the enactment of this Act shall be transferred, and applied in the same manner and under the same terms and conditions, to the new National Coordinator and the Office of the new National Coordinator as of the date of the enactment of this Act.

(2) RULE OF CONSTRUCTION.—Nothing in this section or the amendment made by this section shall be construed as requiring the duplication of Federal efforts with respect to the establishment of the Office of the National Coordinator for Health Information Technology, regardless of whether such efforts are carried out before or after the date of the enactment of this Act.

(3) ACTING NATIONAL COORDINATOR.—Before the appointment of the new National Coordinator, the old National Coordinator shall act as the National Coordinator for Health Information Technology until the office is filled as provided in section 271(a) of the Public Health Service Act, as added by subsection (a). The Secretary of Health and Human

Services may appoint the old National Coordinator as the new National Coordinator.

(4) DEFINITIONS.—For purposes of this subsection:

(A) NEW NATIONAL COORDINATOR.—The term ‘new National Coordinator’ means the National Coordinator for Health Information Technology appointed under section 271(a) of the Public Health Service Act, as added by subsection (a).

(B) OLD NATIONAL COORDINATOR.—The term ‘old National Coordinator’ means the National Coordinator for Health Information Technology appointed under Executive Order 13335.

## SEC. 102. REPORT ON THE AMERICAN HEALTH INFORMATION COMMUNITY.

Not later than one year after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report on the work conducted by the American Health Information Community (in this section referred to as ‘AHIC’), as established by the Secretary. Such report shall include the following:

(1) A description of the accomplishments of AHIC, with respect to the promotion of the development of national guidelines, the development of a nationwide health information network, and the increased adoption of health information technology.

(2) Information on how model privacy and security policies may be used to protect confidentiality of health information, and an assessment of how existing policies compare to such model policies.

(3) Information on the progress in—

(A) establishing uniform industry-wide health information technology standards;

(B) achieving an internet-based nationwide health information network;

(C) achieving interoperable electronic health record adoption across health care providers; and

(D) creating technological innovations to promote security and confidentiality of individually identifiable health information.

(4) Recommendations for the transition of AHIC to a longer-term or permanent advisory and facilitation entity, including—

(A) a schedule for such transition;

(B) options for structuring the entity as either a public-private or private sector entity;

(C) the collaborative role of the Federal Government in the entity;

(D) steps for—

(i) continued leadership in the facilitation of guidelines or standards;

(ii) the alignment of financial incentives; and

(iii) the long-term plan for health care transformation through information technology; and

(E) the elimination or revision of the functions of AHIC during the development of the nationwide health information network.

## SEC. 103. INTEROPERABILITY PLANNING PROCESS; FEDERAL INFORMATION COLLECTION ACTIVITIES.

Part D of title II of the Public Health Service Act, as added by section 101(a), is amended by adding at the end the following new section:

### “SEC. 272. INTEROPERABILITY PLANNING PROCESS; FEDERAL INFORMATION COLLECTION ACTIVITIES.

“(a) STRATEGIC INTEROPERABILITY PLANNING PROCESS.—

“(1) ASSESSMENT AND ENDORSEMENT OF CORE STRATEGIC GUIDELINES.—

“(A) IN GENERAL.—Not later than December 31, 2006, the National Coordinator shall publish a strategic plan, including a schedule, for the assessment and the endorsement

of core interoperability guidelines for significant use cases consistent with this subsection. The National Coordinator may update such plan from time to time.

“(B) ENDORSEMENT.—

“(i) IN GENERAL.—Consistent with the schedule under this paragraph and not later than one year after the publication of such schedule, the National Coordinator shall endorse a subset of core interoperability guidelines for significant use cases. The National Coordinator shall continue to endorse subsets of core interoperability guidelines for significant use cases annually consistent with the schedule published pursuant to this paragraph, with endorsement of all such guidelines completed not later than August 31, 2009.

“(ii) CONSULTATION.—All such endorsements shall be in consultation with the American Health Information Community and other appropriate entities.

“(iii) VOLUNTARY COMPLIANCE.—Compliance with such guidelines shall be voluntary, subject to subsection (b)(1).

“(C) CONSULTATION WITH OTHER PARTIES.—The National Coordinator shall develop and implement such strategic plan in consultation with the American Health Information Community and other appropriate entities.

“(D) DEFINITIONS.—For purposes of this section:

“(i) INTEROPERABILITY GUIDELINE.—The term ‘interoperability guideline’ means a guideline to improve and promote the interoperability of health information technology for purposes of electronically accessing and exchanging health information. Such term includes named standards, architectures, software schemes for identification, authentication, and security, and other information needed to ensure the reproducible development of common solutions across disparate entities.

“(ii) CORE INTEROPERABILITY GUIDELINE.—The term ‘core interoperability guideline’ means an interoperability guideline that the National Coordinator determines is essential and necessary for purposes described in clause (i).

“(iii) SIGNIFICANT USE CASE.—The term ‘significant use case’ means a category (as specified by the National Coordinator) that identifies a significant use or purpose for the interoperability of health information technology, such as for the exchange of laboratory information, drug prescribing, clinical research, and electronic health records.

“(2) NATIONAL SURVEY.—

“(A) IN GENERAL.—Not later than August 31, 2008, the National Coordinator shall conduct one or more surveys designed to measure the capability of entities (including Federal agencies, State and local government agencies, and private sector entities) to exchange electronic health information by appropriate significant use case. Such surveys shall identify the extent to which the type of health information, the use for such information, or any other appropriate characterization of such information may relate to the capability of such entities to exchange health information in a manner that is consistent with methods to improve the interoperability of health information and with core interoperability guidelines.

“(B) DISSEMINATION OF SURVEY RESULTS.—The National Coordinator shall disseminate the results of such surveys in a manner so as to—

“(i) inform the public on the capabilities of entities to exchange electronic health information;

“(ii) assist in establishing a more interoperable information architecture; and

“(iii) identify the status of health information systems used in Federal agencies and

the status of such systems with respect to interoperability guidelines.

“(b) FEDERAL HEALTH INFORMATION COLLECTION ACTIVITIES.—

“(1) REQUIREMENTS.—With respect to a core interoperability guideline endorsed under subsection (a)(1)(B) for a significant use case, the President shall take measures to ensure that Federal activities involving the broad collection and submission of health information are consistent with such guideline within three years after the date of such endorsement.

“(2) PROMOTING USE OF NON-IDENTIFIABLE HEALTH INFORMATION TO IMPROVE HEALTH RESEARCH AND HEALTH CARE QUALITY.—

“(A) IN GENERAL.—Where feasible, and consistent with applicable privacy or security or other laws, the President, in consultation with the Secretary, shall take measures to allow timely access to useful categories of non-identifiable health information in records maintained by the Federal government, or maintained by entities under contract with the Federal government, to advance health care quality and health research where such information is in a form that can be used in such research. The President shall consult with appropriate Federal agencies, and solicit public comment, on useful categories of information, and appropriate measures to take. The President may consider the administrative burden and the potential for improvements in health care quality in determining such appropriate measures. In addition, the President, in consultation with the Secretary, shall encourage voluntary private and public sector efforts to allow access to such useful categories of non-identifiable health information to advance health care quality and health research.

“(B) NON-IDENTIFIABLE HEALTH INFORMATION DEFINED.—For purposes of this paragraph, the term ‘non-identifiable health information’ means information that is not individually identifiable health information as defined in rules promulgated pursuant to section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d-2 note), and includes information that has been de-identified so that it is no longer individually identifiable health information, as defined in such rules.

“(3) ANNUAL REVIEW AND REPORT.—For each year during the five-year period following the date of the enactment of this section, the National Coordinator shall review the operation of health information collection by and submission to the Federal government and the purchases (and planned purchases) of health information technology by the Federal government. For each such year and based on the review for such year, the National Coordinator shall submit to the President and Congress recommendations on methods to—

“(A) streamline (and eliminate redundancy in) Federal systems used for the collection and submission of health information;

“(B) improve efficiency in such collection and submission;

“(C) increase the ability to assess health care quality; and

“(D) reduce health care costs.”.

**SEC. 104. GRANTS TO INTEGRATED HEALTH SYSTEMS TO PROMOTE HEALTH INFORMATION TECHNOLOGIES TO IMPROVE COORDINATION OF CARE FOR THE UNINSURED, UNDERINSURED, AND MEDICALLY UNDERSERVED.**

Subpart I of part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by adding at the end the following:

**“SEC. 330M. GRANTS FOR IMPROVEMENT OF THE COORDINATION OF CARE FOR THE UNINSURED, UNDERINSURED, AND MEDICALLY UNDERSERVED.**

“(a) IN GENERAL.—The Secretary may make grants to integrated health care systems, in accordance with this section, for projects to better coordinate the provision of health care through the adoption of new health information technology, or the significant improvement of existing health information technology, to improve the provision of health care to uninsured, underinsured, and medically underserved individuals (including in urban and rural areas) through health-related information about such individuals, throughout such a system and at the point of service.

“(b) ELIGIBILITY.—

“(1) APPLICATION.—To be eligible to receive a grant under this section, an integrated health care system shall prepare and submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, including—

“(A) a description of the project that the system will carry out using the funds provided under the grant;

“(B) a description of the manner in which the project funded under the grant will advance the goal specified in subsection (a); and

“(C) a description of the populations to be served by the adoption or improvement of health information technology.

“(2) OPTIONAL REPORTING CONDITION.—The Secretary may also condition the provision of a grant to an integrated health care system under this section for a project on the submission by such system to the Secretary of a report on the impact of the health information technology adopted (or improved) under such project on the delivery of health care and the quality of care (in accordance with applicable measures of such quality). Such report shall be at such time and in such form and manner as specified by the Secretary.

“(c) INTEGRATED HEALTH CARE SYSTEM DEFINED.—For purposes of this section, the term ‘integrated health care system’ means a system of health care providers that is organized to provide care in a coordinated fashion and has a demonstrated commitment to provide uninsured, underinsured, and medically underserved individuals with access to such care.

“(d) PRIORITIES.—In making grants under this section, the Secretary shall give priority to an integrated health care system—

“(1) that can demonstrate past successful community-wide efforts to improve the quality of care provided and the coordination of care for the uninsured, underinsured, and medically underserved; or

“(2) if the project to be funded through such a grant—

“(A) will improve the delivery of health care and the quality of care provided; and

“(B) will demonstrate savings for State or Federal health care benefits programs or entities legally obligated under Federal law to provide health care from the reduction of duplicative health care services, administrative costs, and medical errors.

“(e) LIMITATION, MATCHING REQUIREMENT, AND CONDITIONS.—

“(1) LIMITATION ON USE OF FUNDS.—None of the funds provided under a grant made under this section may be used for a project providing for the adoption or improvement of health information technology that is used exclusively for financial record keeping, billing, or other non-clinical applications.

“(2) MATCHING REQUIREMENT.—To be eligible for a grant under this section an integrated health care system shall contribute

non-Federal contributions to the costs of carrying out the project for which the grant is awarded in an amount equal to \$1 for each \$5 of Federal funds provided under the grant.

“(f) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section \$15,000,000 for each of fiscal years 2007 and 2008.”

**SEC. 105. SMALL PHYSICIAN PRACTICE DEMONSTRATION GRANTS.**

Part D of title II of the Public Health Service Act, as added by section 101(a) and amended by section 103, is amended by adding at the end the following new section:

**“SEC. 273. SMALL PHYSICIAN PRACTICE DEMONSTRATION GRANTS.**

“(a) **IN GENERAL.**—The Secretary shall establish a demonstration program under which the Secretary makes grants to small physician practices (including such practices that furnish services to individuals with chronic illnesses) that are located in rural areas or medically underserved urban areas for the purchase and support of health information technology.

“(b) **ELIGIBILITY.**—To be eligible to receive a grant under this section, an applicant shall prepare and submit to the Secretary an application, at such time, in such manner, and containing such information, as the Secretary may require.

“(c) **REPORTING.**—

“(1) **REQUIRED REPORTS BY SMALL PHYSICIAN PRACTICES.**—A small physician practice receiving a grant under subsection (a) shall submit to the Secretary an evaluation on the health information technology funded by such grant. Such evaluation shall include information on—

“(A) barriers to the adoption of health information technology by the small physician practice;

“(B) issues for such practice in the use of health information technology;

“(C) the effect health information technology will have on the quality of health care furnished by such practice; and

“(D) the effect of any medical liability rules on such practice.

“(2) **REPORT TO CONGRESS.**—Not later than January 1, 2009, the Secretary shall submit to Congress a report on the results of the demonstration program under this section.

“(d) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal years 2007 and 2008.”

**TITLE II—TRANSACTION STANDARDS, CODES, AND INFORMATION**

**SEC. 201. PROCEDURES TO ENSURE TIMELY UPDATING OF STANDARDS THAT ENABLE ELECTRONIC EXCHANGES.**

Section 1174(b) of the Social Security Act (42 U.S.C. 1320d-3(b)) is amended—

(1) in paragraph (1)—

(A) in the first sentence, by inserting “and in accordance with paragraph (3)” before the period; and

(B) by adding at the end the following new sentence: “For purposes of this subsection and section 1173(c)(2), the term ‘modification’ includes a new version or a version upgrade.”; and

(2) by adding at the end the following new paragraph:

“(3) **EXPEDITED PROCEDURES FOR ADOPTION OF ADDITIONS AND MODIFICATIONS TO STANDARDS.**—

“(A) **IN GENERAL.**—For purposes of paragraph (1), the Secretary shall provide for an expedited upgrade program (in this paragraph referred to as the ‘upgrade program’), in accordance with this paragraph, to develop and approve additions and modifications to the standards adopted under section 1173(a) to improve the quality of such standards or to extend the functionality of such

standards to meet evolving requirements in health care.

“(B) **PUBLICATION OF NOTICES.**—Under the upgrade program:

“(i) **VOLUNTARY NOTICE OF INITIATION OF PROCESS.**—Not later than 30 days after the date the Secretary receives a notice from a standard setting organization that the organization is initiating a process to develop an addition or modification to a standard adopted under section 1173(a), the Secretary shall publish a notice in the Federal Register that—

“(I) identifies the subject matter of the addition or modification;

“(II) provides a description of how persons may participate in the development process; and

“(III) invites public participation in such process.

“(ii) **VOLUNTARY NOTICE OF PRELIMINARY DRAFT OF ADDITIONS OR MODIFICATIONS TO STANDARDS.**—Not later than 30 days after the date of the date the Secretary receives a notice from a standard setting organization that the organization has prepared a preliminary draft of an addition or modification to a standard adopted by section 1173(a), the Secretary shall publish a notice in the Federal Register that—

“(I) identifies the subject matter of (and summarizes) the addition or modification;

“(II) specifies the procedure for obtaining the draft;

“(III) provides a description of how persons may submit comments in writing and at any public hearing or meeting held by the organization on the addition or modification; and

“(IV) invites submission of such comments and participation in such hearing or meeting without requiring the public to pay a fee to participate.

“(ii) **NOTICE OF PROPOSED ADDITION OR MODIFICATION TO STANDARDS.**—Not later than 30 days after the date of the date the Secretary receives a notice from a standard setting organization that the organization has a proposed addition or modification to a standard adopted under section 1173(a) that the organization intends to submit under subparagraph (D)(iii), the Secretary shall publish a notice in the Federal Register that contains, with respect to the proposed addition or modification, the information required in the notice under clause (ii) with respect to the addition or modification.

“(iv) **CONSTRUCTION.**—Nothing in this paragraph shall be construed as requiring a standard setting organization to request the notices described in clauses (i) and (ii) with respect to an addition or modification to a standard in order to qualify for an expedited determination under subparagraph (C) with respect to a proposal submitted to the Secretary for adoption of such addition or modification.

“(C) **PROVISION OF EXPEDITED DETERMINATION.**—Under the upgrade program and with respect to a proposal by a standard setting organization for an addition or modification to a standard adopted under section 1173(a), if the Secretary determines that the standard setting organization developed such addition or modification in accordance with the requirements of subparagraph (D) and the National Committee on Vital and Health Statistics recommends approval of such addition or modification under subparagraph (E), the Secretary shall provide for expedited treatment of such proposal in accordance with subparagraph (F).

“(D) **REQUIREMENTS.**—The requirements under this subparagraph with respect to a proposed addition or modification to a standard by a standard setting organization are the following:

“(i) **REQUEST FOR PUBLICATION OF NOTICE.**—The standard setting organization submits

to the Secretary a request for publication in the Federal Register of a notice described in subparagraph (B)(iii) for the proposed addition or modification.

“(ii) **PROCESS FOR RECEIPT AND CONSIDERATION OF PUBLIC COMMENT.**—The standard setting organization provides for a process through which, after the publication of the notice referred to under clause (i), the organization—

“(I) receives and responds to public comments submitted on a timely basis on the proposed addition or modification before submitting such proposed addition or modification to the National Committee on Vital and Health Statistics under clause (iii);

“(II) makes publicly available a written explanation for its response in the proposed addition or modification to comments submitted on a timely basis; and

“(III) makes public comments received under clause (I) available, or provides access to such comments, to the Secretary.

“(iii) **SUBMITTAL OF FINAL PROPOSED ADDITION OR MODIFICATION TO NCVHS.**—After completion of the process under clause (ii), the standard setting organization submits the proposed addition or modification to the National Committee on Vital and Health Statistics for review and consideration under subparagraph (E). Such submission shall include information on the organization’s compliance with the notice and comment requirements (and responses to those comments) under clause (ii).

“(E) **HEARING AND RECOMMENDATIONS BY NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS.**—Under the upgrade program, upon receipt of a proposal submitted by a standard setting organization under subparagraph (D)(iii) for the adoption of an addition or modification to a standard, the National Committee on Vital and Health Statistics shall provide notice to the public and a reasonable opportunity for public testimony at a hearing on such addition or modification. The Secretary may participate in such hearing in such capacity (including presiding *ex officio*) as the Secretary shall determine appropriate. Not later than 120 days after the date of receipt of the proposal, the Committee shall submit to the Secretary its recommendation to adopt (or not adopt) the proposed addition or modification.

“(F) **DETERMINATION BY SECRETARY TO ACCEPT OR REJECT NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS RECOMMENDATION.**—

“(i) **TIMELY DETERMINATION.**—Under the upgrade program, if the National Committee on Vital and Health Statistics submits to the Secretary a recommendation under subparagraph (E) to adopt a proposed addition or modification, not later than 90 days after the date of receipt of such recommendation the Secretary shall make a determination to accept or reject the recommendation and shall publish notice of such determination in the Federal Register not later than 30 days after the date of the determination.

“(ii) **CONTENTS OF NOTICE.**—If the determination is to reject the recommendation, such notice shall include the reasons for the rejection. If the determination is to accept the recommendation, as part of such notice the Secretary shall promulgate the modified standard (including the accepted proposed addition or modification accepted) as a final rule under this subsection without any further notice or public comment period.

“(iii) **LIMITATION ON CONSIDERATION.**—The Secretary shall not consider a proposal under this subparagraph unless the Secretary determines that the requirements of subparagraph (D) (including publication of notice and opportunity for public comment) have been met with respect to the proposal.

“(G) EXEMPTION FROM PAPERWORK REDUCTION ACT.—Chapter 35 of title 44, United States Code, shall not apply to a final rule promulgated under subparagraph (F).

“(H) TREATMENT AS SATISFYING REQUIREMENTS FOR NOTICE-AND-COMMENT.—Any requirements under section 553 of title 5, United States Code, relating to notice and an opportunity for public comment with respect to a final rule promulgated under subparagraph (F) shall be treated as having been met by meeting the requirements of the notice and opportunity for public comment provided under provisions of subparagraphs (B)(iii), (D), and (E).

“(I) NO JUDICIAL REVIEW.—A final rule promulgated under subparagraph (F) shall not be subject to judicial review.”.

#### SEC. 202. UPGRADING ASC X12 AND NCPDP STANDARDS.

(a) IN GENERAL.—The Secretary of Health and Human Services shall provide by notice published in the Federal Register for the following replacements of standards to apply to transactions occurring on or after April 1, 2009:

(1) ACCREDITED STANDARDS COMMITTEE X12 (ASC X12) STANDARD.—The replacement of the Accredited Standards Committee X12 (ASC X12) version 4010 adopted under section 1173(a) of such Act (42 U.S.C. 1320d-2(a)) with the ASC X12 version 5010, as reviewed by the National Committee on Vital Health Statistics.

(2) NATIONAL COUNCIL FOR PRESCRIPTION DRUG PROGRAMS (NCPDP) TELECOMMUNICATIONS STANDARDS.—The replacement of the National Council for Prescription Drug Programs (NCPDP) Telecommunications Standards version 5.1 adopted under section 1173(a) of such Act (42 U.S.C. 1320d-2(a)) with which ever is the latest version of the NCPDP Telecommunications Standards that has been approved by such Council and reviewed by the National Committee on Vital Health Statistics as of April 1, 2007.

(b) NO JUDICIAL REVIEW.—The implementation of subsection (a), including the determination of the latest version under subsection (a)(2), shall not be subject to judicial review.

#### SEC. 203. UPGRADING ICD CODES; CODING AND DOCUMENTATION OF NON-MEDICAL INFORMATION.

(a) UPGRADING ICD CODES.—

(1) IN GENERAL.—The Secretary of Health and Human Services shall provide by notice published in the Federal Register for the replacement of the International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM) under the regulation promulgated under section 1173(c) of the Social Security Act (42 U.S.C. 1320d-2(c)), including for purposes of part A of title XVIII of such Act, with both of the following:

(A) The International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM).

(B) The International Classification of Diseases, 10th revision, Procedure Coding System (ICD-10-PCS).

(2) APPLICATION.—The replacement made by paragraph (1) shall apply, for purposes of section 1175(b)(2) of the Social Security Act (42 U.S.C. 1320d-4(b)(2)), to services furnished on or after October 1, 2010.

(3) RULES OF CONSTRUCTION.—Nothing in paragraph (1) shall be construed—

(A) as affecting the application of classification methodologies or codes, such as CPT or HCPCS codes, other than under the International Classification of Diseases (ICD); or

(B) as superseding the authority of the Secretary of Health and Human Services to maintain and modify the coding set for ICD-10-CM and ICD-10-PCS, including under the amendments made by section 201.

(b) CODING AND DOCUMENTATION OF NON-MEDICAL INFORMATION.—In any regulation or other action implementing the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM), the International Classification of Diseases, 10th revision, Procedure Coding System (ICD-10-PCS), or other version of the International Classification of Diseases, 10th revision, the Secretary of Health and Human Services shall ensure that no health care provider is required to code to a level of specificity that would require documentation of non-medical information on the external cause of any given type of injury.

#### SEC. 204. STRATEGIC PLAN FOR COORDINATING IMPLEMENTATION OF TRANSACTION STANDARDS AND ICD CODES.

Not later than the date that is 180 days after the date of the enactment of this Act, the Secretary of Health and Human Services, in consultation with relevant public and private entities, shall develop a strategic plan with respect to the need for coordination in the implementation of—

(1) transaction standards under section 1173(a) of the Social Security Act, including modifications to such standards under section 1174(b)(3) of such Act, as added by section 201; and

(2) any updated versions of the International Classification of Diseases (ICD), including the replacement of ICD-9 provided for under section 203(a).

#### SEC. 205. STUDY AND REPORT TO DETERMINE IMPACT OF VARIATION AND COMMONALITY IN STATE HEALTH INFORMATION LAWS AND REGULATIONS.

Part C of title XI of the Social Security Act is amended by adding at the end the following new section:

“STUDY AND REPORT TO DETERMINE IMPACT OF VARIATION AND COMMONALITY IN STATE HEALTH INFORMATION LAWS AND REGULATIONS

“SEC. 1180. (a) STUDY.—For purposes of promoting the development of a nationwide interoperable health information technology infrastructure consistent with section 271(b) of the Public Health Service Act, the Secretary shall conduct a study of the impact of variation in State security and confidentiality laws and current Federal security and confidentiality standards on the timely exchanges of health information in order to ensure the availability of health information necessary to make medical decisions at the location in which the medical care involved is provided. Such study shall examine—

“(1)(A) the degree of variation and commonality among the requirements of such laws for States; and

“(B) the degree of variation and commonality between the requirements of such laws and the current Federal standards;

“(2) insofar as there is variation among and between such requirements, the strengths and weaknesses of such requirements; and

“(3) the extent to which such variation may adversely impact the secure, confidential, and timely exchange of health information among States, the Federal government, and public and private entities, or may otherwise impact the reliability of such information.

“(b) REPORT.—Not later than 18 months after the date of the enactment of this section, the Secretary shall submit to Congress a report on the study under subsection (a) and shall include in such report the following:

“(1) ANALYSIS OF NEED FOR GREATER COMMONALITY.—A determination by the Secretary on the extent to which there is a need for greater commonality of the requirements of State security and confidentiality laws

and current Federal security and confidentiality standards to better protect, strengthen, or otherwise improve the secure, confidential, and timely exchange of health information among States, the Federal government, and public and private entities.

“(2) RECOMMENDATIONS FOR GREATER COMMONALITY.—Insofar as the Secretary determines under paragraph (1) that there is a need for greater commonality of such requirements, recommendations on the extent to which (and how) the current Federal security and confidentiality standards should be changed in order to provide the commonality needed to better protect, strengthen, or otherwise improve the secure, confidential, and timely exchange of health information.

“(3) SPECIFIC RECOMMENDATION ON LEGISLATIVE CHANGES FOR GREATER COMMONALITY.—A specific recommendation on the extent to which and how such standards should supersede State laws, in order to provide the commonality needed to better protect or strengthen the security and confidentiality of health information in the timely exchange of such information and legislative language in the form of a bill to effectuate such specific recommendation.

“(c) CONGRESSIONAL CONSIDERATION OF LEGISLATION PROVIDING FOR GREATER COMMONALITY.—

“(1) RULES OF HOUSE OF REPRESENTATIVES AND SENATE.—This subsection is enacted by the Congress—

“(A) as an exercise of the rulemaking power of the House of Representatives and the Senate, respectively, and as such they are deemed a part of the rules of each House, respectively, but applicable only with respect to the procedure to be followed in that House in the case of a greater commonality bill defined in paragraph (4), and they supersede other rules only to the extent that they are inconsistent therewith; and

“(B) with full recognition of the constitutional right of either House to change the rules (so far as relating to the procedure of that House) at any time, in the same manner and to the same extent as in the case of any other rule of that House.

“(2) INTRODUCTION.—On the date on which the final report is submitted under subsection (b)(3)—

“(A) a greater commonality bill shall be introduced (by request) in the House by the majority leader of the House, for himself and the minority leader of the House, or by Members of the House designated by the majority leader and minority leader of the House; and

“(B) a greater commonality bill shall be introduced (by request) in the Senate by the majority leader of the Senate, for himself and the minority leader of the Senate, or by Members of the Senate designated by the majority leader and minority leader of the Senate.

If either House is not in session on the day on which such a report is submitted, the greater commonality bill shall be introduced in that House, as provided in the preceding sentence, on the first day thereafter on which the House is in session.

“(3) REFERRAL.—A greater commonality bill shall be referred by the Presiding Officers of the respective House to the appropriate committee (or committees) of such House, in accordance with the rules of that House.

“(4) GREATER COMMONALITY BILL DEFINED.—For purposes of this section, the term ‘greater commonality bill’ means a bill—

“(A) the title of which is the following: ‘A Bill to provide the commonality needed to better protect, strengthen, or otherwise improve the secure, confidential, and timely exchange of health information’; and

“(B) the text of which, as introduced, consists of the text of the bill included in the report submitted under subsection (b)(3).

“(d) DEFINITIONS.—For purposes of this section:

“(1) CURRENT FEDERAL SECURITY AND CONFIDENTIALITY STANDARDS.—The term ‘current Federal security and confidentiality standards’ means the Federal privacy standards established pursuant to section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d–2 note) and security standards established under section 1173(d) of the Social Security Act.

“(2) STATE.—The term ‘State’ has the meaning given such term when used in title XI of the Social Security Act, as provided under section 1101(a) of such Act (42 U.S.C. 1301(a)).

“(3) STATE SECURITY AND CONFIDENTIALITY LAWS.—The term ‘State security and confidentiality laws’ means State laws and regulations relating to the privacy and confidentiality of health information or to the security of such information.”.

### **TITLE III—PROMOTING THE USE OF HEALTH INFORMATION TECHNOLOGY TO BETTER COORDINATE HEALTH CARE**

#### **SEC. 301. SAFE HARBORS TO ANTIKICKBACK CIVIL PENALTIES AND CRIMINAL PENALTIES FOR PROVISION OF HEALTH INFORMATION TECHNOLOGY AND TRAINING SERVICES.**

(a) FOR CIVIL PENALTIES.—Section 1128A of the Social Security Act (42 U.S.C. 1320a–7a) is amended—

(1) in subsection (b), by adding at the end the following new paragraph:

“(4) For purposes of this subsection, inducements to reduce or limit services described in paragraph (1) shall not include the practical or other advantages resulting from health information technology or related installation, maintenance, support, or training services.”; and

(2) in subsection (i), by adding at the end the following new paragraph:

“(8) The term ‘health information technology’ means hardware, software, license, right, intellectual property, equipment, or other information technology (including new versions, upgrades, and connectivity) designed or provided primarily for the electronic creation, maintenance, or exchange of health information to better coordinate care or improve health care quality, efficiency, or research.”.

(b) FOR CRIMINAL PENALTIES.—Section 1128B of such Act (42 U.S.C. 1320a–7b) is amended—

(1) in subsection (b)(3)—

(A) in subparagraph (G), by striking “and” at the end;

(B) in the subparagraph (H) added by section 237(d) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108–173; 117 Stat. 2213)—

(i) by moving such subparagraph 2 ems to the left; and

(ii) by striking the period at the end and inserting a semicolon;

(C) in the subparagraph (H) added by section 431(a) of such Act (117 Stat. 2287)—

(i) by redesignating such subparagraph as subparagraph (I);

(ii) by moving such subparagraph 2 ems to the left; and

(iii) by striking the period at the end and inserting “; and”; and

(D) by adding at the end the following new subparagraph:

“(J) any nonmonetary remuneration (in the form of health information technology, as defined in section 1128A(i)(8), or related installation, maintenance, support or training services) made to a person by a specified entity (as defined in subsection (g)) if—

“(i) the provision of such remuneration is without an agreement between the parties or legal condition that—

“(I) limits or restricts the use of the health information technology to services provided by the physician to individuals receiving services at the specified entity;

“(II) limits or restricts the use of the health information technology in conjunction with other health information technology; or

“(III) conditions the provision of such remuneration on the referral of patients or business to the specified entity;

“(ii) such remuneration is arranged for in a written agreement that is signed by the parties involved (or their representatives) and that specifies the remuneration solicited or received (or offered or paid) and states that the provision of such remuneration is made for the primary purpose of better coordination of care or improvement of health quality, efficiency, or research; and

“(iii) the specified entity providing the remuneration (or a representative of such entity) has not taken any action to disable any basic feature of any hardware or software component of such remuneration that would permit interoperability.”; and

(2) by adding at the end the following new subsection:

“(g) SPECIFIED ENTITY DEFINED.—For purposes of subsection (b)(3)(J), the term ‘specified entity’ means an entity that is a hospital, group practice, prescription drug plan sponsor, a Medicare Advantage organization, or any other such entity specified by the Secretary, considering the goals and objectives of this section, as well as the goals to better coordinate the delivery of health care and to promote the adoption and use of health information technology.”.

(c) EFFECTIVE DATE AND EFFECT ON STATE LAWS.—

(1) EFFECTIVE DATE.—The amendments made by subsections (a) and (b) shall take effect on the date that is 120 days after the date of the enactment of this Act.

(2) PREEMPTION OF STATE LAWS.—No State (as defined in section 1101(a) of the Social Security Act (42 U.S.C. 1301(a)) for purposes of title XI of such Act) shall have in effect a State law that imposes a criminal or civil penalty for a transaction described in section 1128A(b)(4) or section 1128B(b)(3)(J) of such Act, as added by subsections (a)(1) and (b), respectively, if the conditions described in the respective provision, with respect to such transaction, are met.

(d) STUDY AND REPORT TO ASSESS EFFECT OF SAFE HARBORS ON HEALTH SYSTEM.—

(1) IN GENERAL.—The Secretary of Health and Human Services shall conduct a study to determine the impact of each of the safe harbors described in paragraph (3). In particular, the study shall examine the following:

(A) The effectiveness of each safe harbor in increasing the adoption of health information technology.

(B) The types of health information technology provided under each safe harbor.

(C) The extent to which the financial or other business relationships between providers under each safe harbor have changed as a result of the safe harbor in a way that adversely affects or benefits the health care system or choices available to consumers.

(D) The impact of the adoption of health information technology on health care quality, cost, and access under each safe harbor.

(2) REPORT.—Not later than three years after the effective date described in subsection (c)(1), the Secretary of Health and Human Services shall submit to Congress a report on the study under paragraph (1).

(3) SAFE HARBORS DESCRIBED.—For purposes of paragraphs (1) and (2), the safe harbors described in this paragraph are—

(A) the safe harbor under section 1128A(b)(4) of such Act (42 U.S.C. 1320a–7a(b)(4)), as added by subsection (a)(1); and

(B) the safe harbor under section 1128B(b)(3)(J) of such Act (42 U.S.C. 1320a–7b(b)(3)(J)), as added by subsection (b).

#### **SEC. 302. EXCEPTION TO LIMITATION ON CERTAIN PHYSICIAN REFERRALS (UNDER STARK) FOR PROVISION OF HEALTH INFORMATION TECHNOLOGY AND TRAINING SERVICES TO HEALTH CARE PROFESSIONALS.**

(a) IN GENERAL.—Section 1877(b) of the Social Security Act (42 U.S.C. 1395nn(b)) is amended by adding at the end the following new paragraph:

“(6) INFORMATION TECHNOLOGY AND TRAINING SERVICES.—

“(A) IN GENERAL.—Any nonmonetary remuneration (in the form of health information technology or related installation, maintenance, support or training services) made by a specified entity to a physician if—

“(i) the provision of such remuneration is without an agreement between the parties or legal condition that—

“(I) limits or restricts the use of the health information technology to services provided by the physician to individuals receiving services at the specified entity;

“(II) limits or restricts the use of the health information technology in conjunction with other health information technology; or

“(III) conditions the provision of such remuneration on the referral of patients or business to the specified entity;

“(ii) such remuneration is arranged for in a written agreement that is signed by the parties involved (or their representatives) and that specifies the remuneration made and states that the provision of such remuneration is made for the primary purpose of better coordination of care or improvement of health quality, efficiency, or research; and

“(iii) the specified entity (or a representative of such entity) has not taken any action to disable any basic feature of any hardware or software component of such remuneration that would permit interoperability.

“(B) HEALTH INFORMATION TECHNOLOGY DEFINED.—For purposes of this paragraph, the term ‘health information technology’ means hardware, software, license, right, intellectual property, equipment, or other information technology (including new versions, upgrades, and connectivity) designed or provided primarily for the electronic creation, maintenance, or exchange of health information to better coordinate care or improve health care quality, efficiency, or research.

“(C) SPECIFIED ENTITY DEFINED.—For purposes of this paragraph, the term ‘specified entity’ means an entity that is a hospital, group practice, prescription drug plan sponsor, a Medicare Advantage organization, or any other such entity specified by the Secretary, considering the goals and objectives of this section, as well as the goals to better coordinate the delivery of health care and to promote the adoption and use of health information technology.”.

(b) EFFECTIVE DATE; EFFECT ON STATE LAWS.—

(1) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on the date that is 120 days after the date of the enactment of this Act.

(2) PREEMPTION OF STATE LAWS.—No State (as defined in section 1101(a) of the Social Security Act (42 U.S.C. 1301(a)) for purposes of title XI of such Act) shall have in effect a State law that imposes a criminal or civil penalty for a transaction described in section 1877(b)(6) of such Act, as added by subsection (a), if the conditions described in such section, with respect to such transaction, are met.

(c) STUDY AND REPORT TO ASSESS EFFECT OF EXCEPTION ON HEALTH SYSTEM.—

(1) IN GENERAL.—The Secretary of Health and Human Services shall conduct a study to determine the impact of the exception under section 1877(b)(6) of such Act (42 U.S.C. 1395nn(b)(6)), as added by subsection (a). In particular, the study shall examine the following:

(A) The effectiveness of the exception in increasing the adoption of health information technology.

(B) The types of health information technology provided under the exception.

(C) The extent to which the financial or other business relationships between providers under the exception have changed as a result of the exception in a way that adversely affects or benefits the health care system or choices available to consumers.

(D) The impact of the adoption of health information technology on health care quality, cost, and access under the exception.

(2) REPORT.—Not later than three years after the effective date described in subsection (b)(1), the Secretary of Health and Human Services shall submit to Congress a report on the study under paragraph (1).

#### SEC. 303. RULES OF CONSTRUCTION REGARDING USE OF CONSORTIA.

(a) APPLICATION TO SAFE HARBOR FROM CRIMINAL PENALTIES.—Section 1128B(b)(3) of the Social Security Act (42 U.S.C. 1320a-7b(b)(3)) is amended by adding after and below subparagraph (J), as added by section 301(b)(1), the following: “For purposes of subparagraph (J), nothing in such subparagraph shall be construed as preventing a specified entity, consistent with the specific requirements of such subparagraph, from forming a consortium composed of health care providers, payers, employers, and other interested entities to collectively purchase and donate health information technology, or from offering health care providers a choice of health information technology products in order to take into account the varying needs of such providers receiving such products.”.

(b) APPLICATION TO STARK EXCEPTION.—Paragraph (6) of section 1877(b) of the Social Security Act (42 U.S.C. 1395nn(b)), as added by section 302(a), is amended by adding at the end the following new subparagraph:

“(D) RULE OF CONSTRUCTION.—For purposes of subparagraph (A), nothing in such subparagraph shall be construed as preventing a specified entity, consistent with the specific requirements of such subparagraph, from—

“(i) forming a consortium composed of health care providers, payers, employers, and other interested entities to collectively purchase and donate health information technology; or

“(ii) offering health care providers a choice of health information technology products in order to take into account the varying needs of such providers receiving such products.”.

#### TITLE IV—ADDITIONAL PROVISIONS

##### SEC. 401. PROMOTION OF TELEHEALTH SERVICES.

(a) FACILITATING THE PROVISION OF TELEHEALTH SERVICES ACROSS STATE LINES.—The Secretary of Health and Human Services shall, in coordination with physicians, health care practitioners, patient advocates, and representatives of States, encourage and facilitate the adoption of State reciprocity agreements for practitioner licensure in order to expedite the provision across State lines of telehealth services.

(b) REPORT.—Not later than 18 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report on the actions taken to carry out subsection (a).

(c) STATE DEFINED.—For purposes of this subsection, the term “State” has the mean-

ing given that term for purposes of title XVIII of the Social Security Act.

##### SEC. 402. STUDY AND REPORT ON EXPANSION OF HOME HEALTH-RELATED TELEHEALTH SERVICES.

(a) STUDY.—The Secretary of Health and Human Services shall conduct a study to determine the feasibility, advisability, and the costs of—

(1) including coverage and payment for home health-related telehealth services as part of home health services under title XVIII of the Social Security Act; and

(2) expanding the list of sites described in paragraph (4)(C)(ii) of section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)) to include county mental health clinics or other publicly funded mental health facilities for the purpose of payment under such section for the provision of telehealth services at such clinics or facilities.

(b) SPECIFICS OF STUDY.—Such study shall demonstrate whether the changes described in paragraphs (1) and (2) of subsection (a) will result in the following:

(1) Enhanced health outcomes for individuals with one or more chronic conditions.

(2) Health outcomes for individuals furnished telehealth services or home health-related telehealth services that are at least comparable to the health outcomes for individuals furnished similar items and services by a health care provider at the same location of the individual or at the home of the individual, respectively.

(3) Facilitation of communication of more accurate clinical information between health care providers.

(4) Closer monitoring of individuals by health care providers.

(5) Overall reduction in expenditures for health care items and services.

(6) Improved access to health care.

(c) HOME HEALTH-RELATED TELEHEALTH SERVICES DEFINED.—For purposes of this section, the term “home health-related telehealth services” means technology-based professional consultations, patient monitoring, patient training services, clinical observation, patient assessment, and any other health services that utilize telecommunications technologies. Such term does not include a telecommunication that consists solely of a telephone audio conversation, facsimile, electronic text mail, or consultation between two health care providers.

(d) REPORT.—Not later than 18 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report on the study conducted under subsection (a) and shall include in such report such recommendations for legislation or administration action as the Secretary determines appropriate.

##### SEC. 403. STUDY AND REPORT ON STORE AND FORWARD TECHNOLOGY FOR TELEHEALTH.

(a) STUDY.—The Secretary of Health and Human Services, acting through the Director of the Office for the Advancement of Telehealth, shall conduct a study on the use of store and forward technologies (that provide for the asynchronous transmission of health care information in single or multimedia formats) in the provision of telehealth services. Such study shall include an assessment of the feasibility, advisability, and the costs of expanding the use of such technologies for use in the diagnosis and treatment of certain conditions.

(b) REPORT.—Not later than 18 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report on the study conducted under subsection (a) and shall include in such report such recommendations for legislation or administra-

tion action as the Secretary determines appropriate.

##### SEC. 404. ENSURING HEALTH CARE PROVIDERS PARTICIPATING IN PHSA PROGRAMS, MEDICAID, SCHIP, OR THE MCH PROGRAM MAY MAINTAIN HEALTH INFORMATION IN ELECTRONIC FORM.

Part D of title II of the Public Health Service Act, as added by section 101(a) and amended by sections 103 and 105, is further amended by adding at the end the following new section:

##### “SEC. 274. ENSURING HEALTH CARE PROVIDERS MAY MAINTAIN HEALTH INFORMATION IN ELECTRONIC FORM.

“(a) IN GENERAL.—Any health care provider that participates in a health care program that receives Federal funds under this Act, or under title V, XIX, or XXI of the Social Security Act, shall be deemed as meeting any requirement for the maintenance of data in paper form under such program (whether or not for purposes of management, billing, reporting, reimbursement, or otherwise) if the required data is maintained in an electronic form.

“(b) RELATION TO STATE LAWS.—Beginning on the date that is one year after the date of the enactment of this section, subsection (a) shall supersede any contrary provision of State law.

“(c) CONSTRUCTION.—Nothing in this section shall be construed as—

“(1) requiring health care providers to maintain or submit data in electronic form;

“(2) preventing a State from permitting health care providers to maintain or submit data in paper form; or

“(3) preventing a State from requiring health care providers to maintain or submit data in electronic form.”.

##### SEC. 405. ENSURING HEALTH CARE PROVIDERS PARTICIPATING IN THE MEDICARE PROGRAM MAY MAINTAIN HEALTH INFORMATION IN ELECTRONIC FORM.

Section 1871 of the Social Security Act (42 U.S.C. 1395hh) is amended by adding at the end the following new subsection:

“(g)(1) Any provider of services or supplier shall be deemed as meeting any requirement for the maintenance of data in paper form under this title (whether or not for purposes of management, billing, reporting, reimbursement, or otherwise) if the required data is maintained in an electronic form.

“(2) Nothing in this subsection shall be construed as requiring health care providers to maintain or submit data in electronic form.”.

##### SEC. 406. STUDY AND REPORT ON STATE, REGIONAL, AND COMMUNITY HEALTH INFORMATION EXCHANGES.

(a) STUDY.—The Secretary of Health and Human Services shall conduct a study on issues related to the development, operation, and implementation of State, regional, and community health information exchanges. Such study shall include the following, with respect to such health information exchanges:

(1) Profiles detailing the current stages of such health information exchanges with respect to the progression of the development, operation, implementation, organization, and governance of such exchanges.

(2) The impact of such exchanges on healthcare quality, safety, and efficiency, including—

(A) any impact on the coordination of health information and services across healthcare providers and other organizations relevant to health care;

(B) any impact on the availability of health information at the point-of-care to make timely medical decisions;

(C) any benefits with respect to the promotion of wellness, disease prevention, and chronic disease management;



(D) any improvement with respect to public health preparedness and response;

(E) any impact on the widespread adoption of interoperable health information technology, including electronic health records;

(F) any contributions to achieving an Internet-based national health information network;

(G) any contribution of health information exchanges to consumer access and to consumers' use of their health information; and

(H) any impact on the operation of—

(i) the Medicaid and Medicare programs;

(ii) the State Children's Health Insurance Program (SCHIP);

(iii) disproportionate share hospitals described in section 1923 of the Social Security Act;

(iv) Federally-qualified health centers; or

(v) managed care plans, if a significant number of the plan's enrollees are beneficiaries in the Medicaid program or SCHIP.

(3) Best practice models for financing, incentivizing, and sustaining such health information exchanges.

(4) Information identifying the common principles, policies, tools, and standards used (or proposed) in the public and private sectors to support the development, operation, and implementation of such health information exchanges.

(5) A description of any areas in which Federal government leadership is needed to support growth and sustainability of such health information exchanges.

(b) REPORT.—Not later than one year after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report on the study described in subsection (a), including such recommendations as the Secretary determines appropriate to facilitate the development, operation, and implementation of health information exchanges.

The CHAIRMAN. No further amendment to the bill, as amended, is in order except those printed in part C of the report. Each amendment may be offered only in the order printed in the report, by a member designated in the report, shall be considered read, shall be debatable for the time specified in the report, equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

AMENDMENT NO. 1 OFFERED BY MR. HINOJOSA

The CHAIRMAN. It is now in order to consider amendment No. 1 printed in part C of House Report 109-603.

Mr. HINOJOSA. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 1 offered by Mr. HINOJOSA:

In section 271(b)(8) of the Public Health Service Act, as added by section 101(a) of the Bill, strike "is consistent" and insert "provides for the confidentiality and security of individually identifiable health information, consistent".

In section 271(b) of the Public Health Service Act, as added by section 101(a) of the Bill, strike "and" at the end of paragraph (11), strike the period at the end of paragraph (12) and insert "; and", and add at the end the following new paragraph:

"(13) improves the availability of information and resources for individuals with low or limited literacy or language skills."

The CHAIRMAN. Pursuant to House Resolution 952, the gentleman from

Texas (Mr. HINOJOSA) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Texas.

Mr. HINOJOSA. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I rise today to offer an amendment to help ensure equal access to our health care system. All too often a lack of education can limit the quality of life of an individual. This is especially true when considering issues that govern one's health and well being.

To change this fact, I am offering an amendment that would help ensure that all citizens would benefit from advances in our medical technology and new information. My amendment directs the national coordinator for the health information technology to increase information and medical resources for individuals with low literacy.

Passage of this amendment would create a new national priority for bridging the literacy gap in health care resources and assign responsibility of that goal to the new national coordinator.

The new priority is especially important in the race to cure diabetes. In my congressional district, over 100,000 individuals suffer from this disease. And while our Nation is constantly working to find new ways of combating diabetes, most of those inventions rely heavily on medical technology that requires its users to have a certain level of mathematical skills, access to the Internet, and in some cases, at a minimum, a high school level of literacy.

While at first these requirements may seem ordinary and readily available, in districts such as mine, this is all but impossible. It is impossible because a large number of citizens who suffer from diabetes are undereducated, or they are elderly and lack computer skills. In some cases they live in poverty.

Simply put, the most effective treatments for individuals with diabetes and other illnesses remain out of the reach of citizens who need it most. Due to the lack of focus and the creation of our technology, millions die each year.

Additionally, according to a study sponsored by the American Diabetes Association, an organization that has endorsed this amendment, our Nation pays over \$100 billion a year in lost wages, lost productivity, emergency room visits and care.

A clear example of what is at risk if we fail to launch an aggressive effort geared at removing literacy barriers to health care information and technology can be witnessed in my own district's 41 percent diabetes mortality rate.

That means that due to health care literacy barriers, one in two citizens diagnosed with diabetes in my district will die from diabetes complications.

To help change this fact, I urge my colleagues to support this amendment.

Mr. Chairman, may I inquire how much time I have remaining.

The CHAIRMAN. The gentleman has 2 minutes remaining.

Does any Member claim time in opposition to the amendment?

Mrs. JOHNSON of Connecticut. Mr. Chairman, I claim time in opposition to the amendment. I don't intend to oppose the amendment. I am just claiming the time.

The CHAIRMAN. Without objection, the gentlewoman from Connecticut will control 5 minutes.

There was no objection.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I think the gentleman's amendment points out why health information technology is so terribly important to making the next leap forward in quality that medical science has made available to us.

It will take a lot more teaching of patients. It will take a much different relationship between nurses and medical personnel and patients to make sure that they have the guidance and support they need to prevent their disease from getting worse or to follow a regimen that will prevent their chronic illness from compromising their lives.

□ 1430

So this issue of communication is going to be a bigger issue in the next round of the American health care system even than it is today.

But I would like to yield to the gentleman from Pennsylvania for some questions.

Mr. MURPHY. I thank the gentlewoman, and I have a question for the distinguished gentleman from Texas just to help clarify this, because my assumption is the amendment would be one that would help those who have problems with illiteracy or language skills, perhaps English language is not of good grasp to them and they may be in a hospital where the staff may not be aware of that, and one of the importance of an electronic medical record is the files would be there on record. So even if the person had limited abilities, the doctor would have access. But I want to just ask a clarifying question to make sure this is what you meant by this amendment.

By this, I am assuming it is not a matter that would impede in any way the doctor's ability to have information on record, that would have swift and high standards of medical care there, in no way would this impede; such as the records would have to be written in multiple languages for doctors who wouldn't necessarily understand that. I am assuming that is the case in this, that you are saying that the best interest of the patient is what you have in mind here so that the records are always available, that the doctor could understand them clearly even if the patient has difficulty communicating. Am I correct in that, sir?

Mr. HINOJOSA. In my opinion, if the patient gives permission that that information be released, I have no problem with that.

Mr. MURPHY. I am assuming that is what you meant. It is important that hospitals not see this as something that they, for example, have to constantly rewrite records in ways that would impair understanding between physicians as well. And along those lines, I think it is an excellent idea to provide it, because it does provide access of information for the doctors.

Mr. HINOJOSA. If the gentleman will allow me to explain. I think that the intent of my amendment is to be able to acknowledge that there are people out there who can not get one of these new machines that we use now to measure the glucose, if I am a diabetic, and be able to take it and follow the instructions if they are limited English proficient, for example. In many cases, the lower the level of education attainment, the more difficult it is to use some of this modern equipment that is available in technology. And so the intent of Congress would be to address that group, regardless of the size, the percentage of people who need that extra assistance with the training necessary to use the modern equipment.

Mr. MURPHY. Reclaiming my time, that makes sense, because I work with many patients who are disabled, who have literacy problems, and it is important that the medical community works to help those patients. I just want to make sure also the electronic medical records then serve both purposes, to help those patients, but certainly to make sure the primary aspects of having the medical records there electronically is to help doctors communicate quickly and swiftly with accurate data. Along those lines, I think it is an excellent idea.

Mr. HINOJOSA. Mr. Chairman, I would like to hear Congresswoman NANCY JOHNSON's thoughts on being able to work with us on this amendment, because it is very important not only in South Texas, but throughout the country.

Mrs. JOHNSON of Connecticut. Mr. Chairman, we certainly are willing to accept the gentleman's amendment. It is a very thoughtful and important one.

Mr. HINOJOSA. I thank the gentlewoman for accepting this amendment and working with me to eliminate the literacy barriers from our health care system.

Mr. Chairman, I yield back the balance of my time.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Texas (Mr. HINOJOSA).

The amendment was agreed to.

AMENDMENT NO. 2 OFFERED BY MR. TOWNS

The CHAIRMAN. It is now in order to consider amendment No. 2 printed in part C of House Report 109-603.

Mr. TOWNS. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 2 offered by Mr. TOWNS:

Add at the end of section 101 the following:

(d) STUDY OF HEALTH INFORMATION TECHNOLOGY IN MEDICALLY UNDERSERVED COMMUNITIES.—

(1) STUDY.—The National Coordinator for Health Information Technology shall conduct a study on the development and implementation of health information technology in medically underserved communities. The study shall—

(A) identify barriers to successful implementation of health information technology in these communities;

(B) examine the impact of health information technology on providing quality care and reducing the cost of care to these communities;

(C) examine urban and rural community health systems and determine the impact that health information technology may have on the capacity of primary health providers; and

(D) assess the feasibility and the costs associated with the use of health information technology in these communities.

(2) REPORT.—Not later than 18 months after the date of the enactment of this Act, the National Coordinator shall submit to Congress a report on the study conducted under paragraph (1) and shall include in such report such recommendations for legislation or administrative action as the Coordinator determines appropriate.

The CHAIRMAN. Pursuant to House Resolution 952, the gentleman from New York (Mr. TOWNS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from New York.

Mr. TOWNS. Mr. Chairman, I am really concerned that, in implementing any health information technology initiative, that we will not have the best information to address the needs of medically underserved areas. My amendment to H.R. 4157 creates a critically important study that would give us the benchmarks to use in implementing this technology in these communities, both urban and rural.

First, the proposed study will examine and determine the impact of health information technology on improving the capacity of primary care providers in medically underserved communities.

Second, the study would identify the barriers to the implementation of health information technology in these communities.

Third, the study will assess the feasibility and costs associated with implementing health information technology in these communities.

Some of the Nation's finest foundations have done tremendous work in how health information technology can be used in hard-to-reach and difficult areas to serve in our Nation. They include the Markle Foundation, the Robert Wood Johnson Foundation, and the Henry J. Kaiser Family Foundation. We want to incorporate this work and other's work done by the Agency For Health Care Research and Quality, and make sure it is applied to the development and implementation of health information technology and medically underserved areas.

For these reasons, Mr. Speaker, I believe that this study is vital to the assessment, examination, and implementation of health information, technology in medically underserved areas in this Nation. And I do believe that my amendment adds considerable value to the health information technology bill. I have worked in a bipartisan fashion on this bill with Representative FERGUSON of New Jersey to present the portion of the bill related to grants in medically underserved areas.

Mr. Chairman, I do feel that this amendment strengthens this bill and is something that we really need to do if we want to reach the hard-to-reach areas and to be able to have the kind of data and have the kind of information to give them quality health care.

On that note, Mr. Chairman, I reserve the balance of my time.

The CHAIRMAN. Who claims time in opposition?

Mrs. JOHNSON of Connecticut. I rise to support this amendment.

The CHAIRMAN. Does the gentlewoman claim time in opposition?

Mrs. JOHNSON of Connecticut. I claim time in opposition.

The CHAIRMAN. Without objection, the gentlewoman will control 5 minutes.

There was no objection.

Mrs. JOHNSON of Connecticut. I claim time to say we accept the amendment. It is a very thoughtful amendment and an important one, and we thank the gentleman from New York (Mr. TOWNS).

Mr. TOWNS. I want to thank the gentlewoman from Connecticut for supporting the amendment.

Mr. Chairman, I yield back the balance of my time.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN. The question is on the amendment offered by the gentleman from New York (Mr. TOWNS).

The question was taken; and the Chairman announced that the ayes appeared to have it.

Mr. PALLONE. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from New York will be postponed.

AMENDMENT NO. 3 OFFERED BY MR. JACKSON OF ILLINOIS

The CHAIRMAN. It is now in order to consider amendment No. 3 printed in part C of House Report 109-603.

Mr. JACKSON of Illinois. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 3 offered by Mr. JACKSON of Illinois:

In section 102, add at the end the following new paragraph:

(5) Recommendations on the inclusion of emergency contact or next-of-kin information (including name and phone number) in interoperable electronic health records.

The CHAIRMAN. Pursuant to House Resolution 952, the gentleman from Illinois (Mr. JACKSON) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Illinois.

Mr. JACKSON of Illinois. Mr. Chairman, my amendment simply states that emergency contact or next-of-kin information should be included in the interoperable electronic health records.

Mr. Chairman, in an instant, a wrong turn, a sudden fall, a missed step, someone, indeed anyone, can find themselves in a crisis and in need of emergency medical care. Nationwide, nearly 1 million people arrive in emergency rooms each year unconscious or physically unable to give informed consent for their care.

Consider the story of Elaine Sullivan. A very active 71-year-old woman, Elaine fell at home while trying to get into her bathtub. When paramedics arrived, she realized that injuries to her mouth and head made her unable to communicate and give informed consent for her own care. Although stable for the first few days, she began to slip into critical condition. The hospital failed to notify her family for 6 days, and tragically Elaine Sullivan died alone in the hospital.

In the aftermath of this tragedy, Elaine Sullivan's daughter, Jan, and granddaughter, Laura, turned their personal pain to public action. Jan and Laura Greenwald went to work to make sure that that never happened to their loved ones or anyone else's loved one again.

In Elaine Sullivan's memory and honor, I introduced H.R. 2560 so that in the future phone calls to loved ones will always be made. This amendment, Mr. Chairman, which includes a provision of H.R. 2560, is a modest step to ensure that this situation doesn't happen again.

Let me be clear. Most hospitals notify the next of kin of unconscious emergency room arrivals relatively quickly. However, emergency rooms are extremely high pressure and sometimes chaotic environments. In the hustle and bustle of the ER, despite the professionalism and the dedication of staff, there are real risks that a simple phone call may or may not be able to be made in a timely fashion.

Consider for a moment just one distressing but relevant scenario. Your loved one is out of town on a business trip. On the way they are involved in a serious head-on collision, unconscious and unable to communicate. They are rushed to the nearest hospital, and unbeknownst to you they lie comatose fighting for their life miles from home. Doctors and nurses work feverishly to provide emergency medical care to a patient who is only the name on a license, but to you they are the love of your life.

If your electronic health records contained emergency contact or next-of-kin information, this could help hos-

pital staff quickly notify you about your loved one's condition. You could rush to be by their side and possibly share critical medical history and information. Emergency contact and next-of-kin information should be included in electronic medical records to ensure that family members are notified and informed decisions are made during a medical emergency.

Mr. Chairman, I ask for an "aye" vote on the Jackson amendment.

Mr. Chairman, I reserve the balance of my time.

The CHAIRMAN. Does the gentleman from Connecticut claim the time in opposition?

Mrs. JOHNSON of Connecticut. Mr. Chairman, I rise in opposition.

The CHAIRMAN. Without objection, the gentlewoman from Connecticut will control 5 minutes.

There was no objection.

Mrs. JOHNSON of Connecticut. First of all, the gentleman from Illinois has brought a very thoughtful amendment to this bill. The information that he wants included in electronic health record is extremely important information, and I support your amendment.

Mr. JACKSON of Illinois. I thank the gentlewoman for supporting our amendment, Mr. Chairman.

I yield back the balance of my time.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Illinois (Mr. JACKSON).

The amendment was agreed to.

AMENDMENT NO. 4 OFFERED BY MR. CUELLAR

The CHAIRMAN. It is now in order to consider amendment No. 4 printed in part C of House Report 109-603.

Mr. CUELLAR. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 4 printed in House Report 109-603 offered by Mr. CUELLAR:

In section 330M(d) of the Public Health Service Act, as added by section 104 of the Bill, strike "or" at the end of paragraph (1), strike the period at the end of paragraph (2) and insert "; or", and add at the end the following new paragraph:

"(3) if the project to be funded through such a grant will emphasize the improvement of access to medical care and medical care for medically underserved populations which are geographically isolated or located in underserved urban areas."

The CHAIRMAN. Pursuant to House Resolution 952, the gentleman from Texas (Mr. CUELLAR) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Texas.

Mr. CUELLAR. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, my amendment to H.R. 4157 emphasizes the priority of funding grants which would improve access, coordination, and the provision of health care to the uninsured, underinsured, and medically underserved areas in both rural and urban areas in the State and in the country.

This amendment will add priority antiquated health system grant proposals

which improve medical care access and health care by way of health information technology to patients in underserved rural and urban areas. In my district, which encompasses both rural and urban areas, I have seen the need for health IT to promote better health care and accessibility.

In some of my rural counties, citizens are faced with few health care options and in many cases, are forced to travel great distances to see doctors, specialists, and go to a hospital or care facility which can address their individual health needs. In my hometown of Laredo, Texas, a major South Texas urban area, there is a great need for health IT to better coordinate and provide the care to the uninsured and underinsured, and of course, the underserved patients.

Citizens in America's remote and rural isolated areas and urban areas, which often lack sufficient medical services, face very difficult challenges to access quality health care and treatment. New health information technology, including the health IT to be funded by grants to be integrated with the health care systems, and this particular bill, a bill that I support, lays the essential groundwork for a new era of sensibility and quality health care that all Americans deserve regardless of where they call home.

Mr. Chairman, I ask for favorable consideration of my amendment, and I believe this amendment is acceptable to Mrs. JOHNSON.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I rise in support of the amendment. I understand there are some technical adjustments that your staff and our staff talked about that we will work on.

Mr. CUELLAR. And I will work with your staff in conference committee to address those technical points. I am in agreement with that. I believe my staff has been working with your staff.

Mrs. JOHNSON of Connecticut. With that understanding, I am pleased to support the gentleman's amendment.

Mr. CUELLAR. I thank the gentlewoman.

Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN. Does any Member claim time in opposition to the amendment?

The question is on the amendment offered by the gentleman from Texas (Mr. CUELLAR).

The amendment was agreed to.

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AMENDMENT NO. 5 OFFERED BY MR. PRICE OF GEORGIA

The CHAIRMAN. It is now in order to consider amendment No. 5 printed in part C of House Report 109-603.

Mr. PRICE of Georgia. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 5 offered by Mr. PRICE of Georgia:

Add at the end of title II the following new section:

**SEC. 206. REPORT ON APPROPRIATENESS OF CLASSIFICATION METHODOLOGIES AND CODES FOR ADDITIONAL PURPOSES.**

Not later than the date that is 180 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report that evaluates—

- (1) the applicability of health care classification methodologies and codes for purposes beyond the coding of services for diagnostic documentation or billing purposes;
- (2) the usefulness, accuracy, and completeness of such methodologies and codes for such purposes; and
- (3) the capacity of such methodologies and codes to produce erroneous or misleading information, with respect to such purposes.

The CHAIRMAN. Pursuant to House Resolution 952, the gentleman from Georgia (Mr. PRICE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Georgia.

Mr. PRICE of Georgia. Mr. Chairman, I yield myself such time as I may consume.

(Mr. PRICE of Georgia asked and was given permission to revise and extend his remarks.)

Mr. PRICE of Georgia. Mr. Chairman, I rise to thank both the chairman of the committee and Chairman DREIER and the Rules Committee members.

As a physician, I know the importance of having appropriate information available in order to make quality health care decisions, and I am cautiously optimistic about the prospects in that portion of the bill.

My amendment addresses section 203, the area of the bill that seeks to upgrade the ICD codes.

ICD, or international classification of diseases, codes are diagnostic codes, series of letters and numbers that identify with some specificity the various diseases or conditions for which a patient is being treated.

ICD codes can be very useful in tracking various patients with similar conditions. They may be helpful in research that may aid in the future treatment of patients with the same disease.

ICD codes are diagnostic codes. They were intended to be used to identify as accurately as possible the diagnosis that a particular patient has.

ICD codes were not designed to be used for anything beyond documentation of a diagnosis.

However, they are being used, in combination with other codes, particularly CPT or billing codes, to evaluate various kinds of treatment and whether that treatment is appropriate or efficient or of quality.

There are many people who are providing health care for our citizens, who are taking care of our families, who have significant reservations regarding the use of those codes for purposes for which they were never designed.

It is possible that the use of these codes for other needs may, in fact, result in conclusions that are at best

misleading, and worse, incorrect, thereby having the possible outcome of harming the treatment of future patients.

Consequently, my amendment calls for a report from the Secretary of Health and Human Services to Congress that would determine the applicability, usefulness, accuracy and completeness of the use of these codes.

It also asks for information on the capacity of the use of these codes to produce erroneous or misleading information.

Science relies on the accuracy of information in order to make correct judgments, determinations and decisions on how one should proceed. We here in Congress should do no less.

The consequences of our decisions can be significant, and it is imperative that we have accurate data upon which to make those decisions. The information that will result from this amendment will allow us to make those decisions with greater confidence in their benefit to our constituents.

I ask my colleagues for their support in assisting us in gaining greater insight into this important matter. I ask for their support on this amendment.

Mr. Chairman, I reserve the balance of my time.

The CHAIRMAN. Does any Member claim the time in opposition to the amendment?

Mrs. JOHNSON of Connecticut. Yes, I claim time in opposition to the amendment. Although I do not oppose the amendment, I would like to comment.

The CHAIRMAN. Without objection, the gentlewoman from Connecticut will control the time.

There was no objection.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I yield myself such time as I may consume.

I would like to comment on the amendment. Mr. PRICE has been a very active and fine mind as we developed this bill, and I welcome his amendment.

I do think we need to evaluate new methodologies and procedures very carefully; and as a physician, he brings to this issue a lot of information and a lot of concern about both advances and also problems that could develop.

I will say one of the strengths of the bill that has not been talked about on the floor here today is that it does move us to the ICD 10 system from the ICD 9 system, and that will give us a great deal more ability to look at quality, to judge quality, to pay for quality, to analyze actually what series of symptoms responded best to precisely what treatment approach.

But there are also shoals in every water, and I think your study is very appropriate. The ICD 10 system is now not only more glandular, but we also think it will help us to reduce fraud and abuse. But no matter how many positive things we think it will contribute, it is also wise to know and watch for and evaluate whether or not it is creating problems that we did not anticipate.

So I welcome this study, and I thank Mr. PRICE for his contribution.

Mr. Chairman, I yield back the balance of my time.

Mr. PRICE of Georgia. Mr. Chairman, I yield myself such time as I may consume.

I appreciate those comments, and I would agree, I think it is important that we move forward with a more specific ICD coding system. ICD 10 will do that, and hopefully it will be adopted in a timely fashion.

This report will be back prior to the installation of those new codes, and so I look forward to seeing the results of this report and hopefully making some recommendation at that time, and urge my colleagues to support this amendment.

Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Georgia (Mr. PRICE).

The amendment was agreed to.

AMENDMENT NO. 6 OFFERED BY MISS MCMORRIS

The CHAIRMAN. It is now in order to consider amendment No. 6 printed in part C of House Report 109-603.

Miss MCMORRIS. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 6 offered by Miss MCMORRIS:

At the end of title IV, insert the following new section:

**SEC. 409. PROMOTING HEALTH INFORMATION TECHNOLOGY AS A TOOL FOR CHRONIC DISEASE MANAGEMENT.**

(a) IN GENERAL.—The Secretary of Health and Human Services shall establish a two-year project to demonstrate the impact of health information technology on disease management for individuals entitled to medical assistance under a State plan under title XIX of the Social Security Act.

(b) STRUCTURE OF PROJECT.—The project under subsection (a) shall—

(1) create a web-based virtual case management tool that provides access to best practices for managing chronic disease; and

(2) provide chronic disease patients and caregivers access to their own medical records and to a single source of information on chronic disease.

(c) COMPETITION.—Not later than the date that is 90 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall seek proposals from States to carry out the project under subsection (a). The Secretary shall select not less than four of such proposals submitted, and at least one proposal selected shall include a regional approach that features access to an integrated hospital information system in at least two adjoining States and that permits the measurement of health outcomes.

(d) REPORT.—Not later than the date that is 90 days after the last day of the project under subsection (a), the Secretary of Health and Human Services shall submit to Congress a report on such project and shall include in such report the amount of any cost-savings resulting from the project and such recommendations for legislation or administrative action as the Secretary determines appropriate.

The CHAIRMAN. Pursuant to House Resolution 952, the gentlewoman from

Washington (Miss McMORRIS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Washington.

Miss McMORRIS. Mr. Chairman, I yield myself as much time as I may consume.

I rise to offer the McMorris-Smith MAP IT amendment, the Medicaid Access Project through Information Technology proposal. This amendment is supported by the Healthcare Information and Management Systems, the Society Information Technology Industry Council, the American Health Information Management Association, the American Hospital Association, the Federation of American Hospitals, the American Medical Association, and the U.S. Chamber of Commerce.

The McMorris-Smith amendment and the underlying bill will help fulfill President Bush's goal of most Americans having an electronic health record by the year 2014.

I am pleased to offer this bipartisan amendment which strengthens the Health Information Technology Promotion Act and its goal of encouraging the adoption of health information technology into our health care system. As I have traveled throughout eastern Washington, I have seen the need for health information technology and the potential that it has not just to improve health care delivery but also save costs.

Information technology has the power to revolutionize the delivery of health care. This bill is a first step toward encouraging the utilization of health IT on a national level, and I applaud the efforts of Chairman DEAL and Chairman JOHNSON for leading this effort.

This bill represents collaboration between health care providers, payers, patient advocates and the IT community and will pave the way for better access to quality health care for Americans.

As we move forward to set these new standards in place, it is crucial that we take steps to include health information technology in government-funded health programs like Medicare and Medicaid. Health information technology will increase effectiveness, efficiency, overall quality, and promote cost savings in the long run.

This amendment strengthens the underlying bill by incorporating a Web-based tool to manage chronic disease populations within Medicaid. This provision will allow for the creation of a virtual case management program that provides patients and providers access to a real-time electronic medical record. We need to seriously study the effects of using health IT to better serve patients and taxpayers.

Modest estimates show that medical errors cause around 400,000 avoidable injuries and fatalities annually and more than 800,000 in elderly care centers and over a half a million befall Medicare patients in outpatient care.

The cost incurred from correcting and treating medication-related errors occurring in hospitals, not counting doctors' offices and other facilities, was projected to be at least \$3.5 billion annually. These staggering numbers can and should change.

The United States spends more than 2½ times any other country on health care. We need to ensure that we are maximizing our resources and getting a high return on our investment. A study published in August of 2005 by the Institute for Public Policy and Economic Analysis at Eastern Washington University found that for every dollar spent on a technology-enabled disease management program, it provided up to \$10 in medical savings and even more in terms of nonmedical cost savings. At a time when most States are facing increased taxes or cutting Medicaid benefits, increasing outcomes and cutting costs is a win-win situation.

The McMorris-Smith amendment would allow us to more fully study the cost savings and patient benefits of utilizing health information technology within one of Medicaid's most costly populations, chronic disease sufferers. Any piece of comprehensive health information technology legislation must help address the cost and care of this population that consumes 80 percent of the Medicaid resources, yet that is just 20 percent of the Medicaid population.

We can address this issue. This amendment takes savings and quality theories and provides a vehicle for practical application now.

Thank you for your consideration. I urge Members to adopt the McMorris-Smith amendment and support the underlying bill.

Mr. Chairman, I reserve the balance of my time.

The CHAIRMAN. Who claims time in opposition to the amendment?

Mr. SMITH of Washington. Mr. Chairman, I am not in opposition to the amendment, but I would claim the time unless somebody is.

The CHAIRMAN. Without objection, the gentleman from Washington will control the time in opposition.

There was no objection.

Mr. SMITH of Washington. Mr. Chairman, I yield to myself as much time as I may consume.

I want to thank Representative McMORRIS for her leadership on this bipartisan issue.

This amendment really gets at the heart of why health care information technology is important in the first place, and there are really two big reasons. Number one, it can significantly improve the quality of care for patients; and, number two, it can significantly reduce health care inflation. Right now, if you want to do anything to improve the quality of health care in this country getting inflation under control is job one so that people can access that.

That is what health care information technology has the promise to do; and this amendment, in particular, focuses

on one aspect of it where it could really reduce the costs and improve the quality of care, helping a specific class of patients get the best information possible for the best disease management possible.

All across the world, information is being developed even as we sit here on how to better deal with all kinds of different diseases. But how do we make sure that both patients and providers have real-time access to that best information and employ it? That is what this amendment aims to do. For diabetes patients with Medicaid, it can give us a real case example of how we can save money and improve the quality of care for these patients.

I think there is unbelievable potential if we have the best information possible. Too often now patients do not know what the best care is. Too often providers do not even know at the moment what the best care is; and as a consequence, they do not get it and the patients do not receive it. Health care quality goes down and costs go up, as procedures are either repeated or the wrong procedures are done.

This amendment gives us a great opportunity to do an isolated case study on how to make this work in disease management to improve the quality of care and get costs under control.

Mr. Chairman, I reserve the balance of my time.

Miss McMORRIS. Mr. Chairman, I yield 30 seconds to the gentleman from Pennsylvania (Mr. MURPHY), my friend.

Mr. MURPHY. Mr. Chairman, I thank the gentlewoman for putting this important amendment in.

Previously, it has been cited that the CBO report did not show a savings. Let me mention three things that chronic care management does. 300,000 asthmatic children were studied with chronic care and found that lowered rehospitalization by 34 percent. University of Pittsburgh Medical Center reduced rehospitalization of diabetics by 75 percent. Washington Hospital, Washington, PA, reduced rehospitalization of chronic heart disease by 50 percent.

I suggest the CBO look at how electronic medical records can save money in this.

I have listed a lot of these things in a report entitled, "Critical Condition, the State of the Union's Health Care," which I have available at my Web site; and I urge my colleagues to look at that, and I urge the CBO to read it as well. They might learn something.

Mr. SMITH of Washington. Mr. Chairman, I yield 1 minute to the gentlewoman from Illinois (Ms. BEAN).

Ms. BEAN. Mr. Chairman, I rise in strong support of this Smith-McMorris amendment to establish a 2-year health IT demonstration project for Medicaid patients with chronic diseases.

This bill is a step in the right direction, but the Smith-McMorris amendment would actually speed the implementation of health IT in a crucial and tangible way. It will not only improve efficiency and quality, but will also

help control the growing costs for Medicaid patients with chronic health conditions.

Mr. Chairman, these patients often have complex medical conditions, relying on multiple doctors and numerous medications.

This amendment would put patients in better control of their medical information, provide improved access and more information for caregivers, and create a Web-based resource to promote best practices for chronic care management.

Mr. Chairman, the need for health IT is well established and will both save lives and billions of dollars. This body talks often about the need to improve quality of care and reduce inefficient spending under Medicaid. The Smith-McMorris amendment promises us an opportunity to move beyond rhetoric and actually better care and more responsible return on our tax dollars.

□ 1500

Mr. SMITH of Washington. Mr. Chairman, may I inquire how much time I have left.

The CHAIRMAN. The gentleman has 2½ minutes remaining.

Mr. SMITH of Washington. Mr. Chairman, I yield myself 15 seconds to close and to once again thank Representative McMorris and to point out how important chronic disease management is in saving money. This is an outstanding opportunity for us to use technology to do that, and I urge adoption of the amendment.

Mr. Chairman, I yield the balance of my time to Representative McMorris.

Miss McMorris. Mr. Chairman, I yield my good friend from South Carolina (Mr. WILSON) 1 minute.

Mr. WILSON of South Carolina. I want to congratulate Congresswoman McMorris on her leadership with Congressman SMITH on this issue.

As a person who has a son who is a doctor in California, I am very grateful to be here and support the amendment, which will create a Web-based virtual case management tool that provides access to the best practices for managing chronic disease.

Additionally, this amendment would provide for chronic disease patients and caregivers to have access to their own medical records and to a single source of information on chronic disease.

Further, it directs the Secretary to select at least four proposals from those submitted by States and at least one proposal selected to include a regional approach featuring access to an integrated hospital information system in at least two adjoining States that permits the measurement of outcomes.

I know personally that our family has benefited from the best of health care. One of our sons has been a cancer survivor. And I just want to congratulate, again, Congresswoman McMorris on her leadership; and I urge adoption of the amendment.

Miss McMorris. Mr. Chairman, may I inquire as to how much time remains.

The CHAIRMAN. The gentlewoman has 1¾ minutes remaining.

Miss McMorris. Mr. Chairman, I yield 1 minute to my good friend from Georgia (Mr. GINGREY).

Mr. GINGREY. Mr. Chairman, I am very happy to rise in support of the amendment of the gentlewoman from Washington. A little disappointed my own great amendments were not made in order but very happy to support hers.

As a physician, having practiced 30 years of clinical medicine, there is no question that the cost of chronic disease management is the most costly, and particularly under Medicaid. I think the gentlewoman has the exact right idea, to be able to monitor this information on a real-time basis so that physicians know exactly what they are spending and what is cost effective.

I was very happy as a member of the Rules Committee to recommend her amendment be made in order. Thank goodness it was, and I proudly stand here today to recommend this amendment to all of my colleagues on both sides of the aisle. I commend her for the good job she has done.

Miss McMorris. Mr. Chairman, I yield to the great chairman of the subcommittee who, without her support, we would not be having this amendment before us today.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I rise in strong support of this amendment. First of all, of all the systems in America that really need this kind of attention, it is our Medicaid system because they deal mostly with elderly and poor whose health has long been neglected.

So I know this is going to give us a lot of very good insight and information into how we can both improve the quality and reduce the cost of care in our Medicaid system, and I congratulate the gentlewoman and her cosponsors for bringing this before us today.

Miss McMorris. Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN. The question is on the amendment offered by the gentlewoman from Washington (Miss McMorris).

The amendment was agreed to.

AMENDMENT NO. 2 OFFERED BY MR. TOWNS

The CHAIRMAN. Pursuant to clause 6 of rule XVIII, the pending business is the demand for a recorded vote on the amendment offered by the gentleman from New York (Mr. TOWNS) on which further proceedings were postponed and on which the ayes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The CHAIRMAN. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 417, noes 1, not voting 14, as follows:

[Roll No. 414]

AYES—417

Abercrombie	Delahunt	Jones (OH)
Ackerman	DeLauro	Kanjorski
Aderholt	Dent	Kaptur
Akin	Diaz-Balart, L.	Keller
Alexander	Diaz-Balart, M.	Kelly
Allen	Dicks	Kennedy (MN)
Andrews	Dingell	Kennedy (RI)
Baca	Doggett	Kildee
Bachus	Doolittle	Kilpatrick (MI)
Baird	Doyle	Kind
Baker	Drake	King (IA)
Baldwin	Dreier	King (NY)
Barrett (SC)	Duncan	Kingston
Barrow	Edwards	Kirk
Bartlett (MD)	Ehlers	Kline
Barton (TX)	Emanuel	Knollenberg
Bass	Emerson	Kolbe
Bean	Engel	Kucinich
Beauprez	English (PA)	Kuhl (NY)
Becerra	Eshoo	LaHood
Berkley	Etheridge	Langevin
Berman	Farr	Lantos
Berry	Fattah	Larsen (WA)
Biggert	Feeney	Larson (CT)
Billbray	Ferguson	Latham
Bilirakis	Filner	LaTourette
Bishop (GA)	Fitzpatrick (PA)	Leach
Bishop (NY)	Flake	Lee
Bishop (UT)	Foley	Levin
Blackburn	Forbes	Lewis (CA)
Blumenauer	Ford	Lewis (KY)
Blunt	Fortenberry	Linder
Boehlert	Fox	Lipinski
Boehner	Frank (MA)	LoBiondo
Bonilla	Franks (AZ)	Lofgren, Zoe
Bonner	Frelinghuysen	Lowey
Bono	Gallegly	Lucas
Boozman	Garrett (NJ)	Lungren, Daniel
Boren	Gerlach	E.
Boswell	Gibbons	Lynch
Boucher	Gilchrest	Mack
Boustany	Gillmor	Maloney
Boyd	Gingrey	Manzullo
Bradley (NH)	Gohmert	Marchant
Brady (PA)	Gonzalez	Markey
Brady (TX)	Goode	Marshall
Brown (OH)	Goodlatte	Matheson
Brown (SC)	Gordon	Matsui
Brown, Corrine	Granger	McCarthy
Brown-Waite,	Graves	McCaul (TX)
Ginny	Green (WI)	McCollum (MN)
Burgess	Green, Al	McCotter
Burton (IN)	Green, Gene	McCrery
Butterfield	Grijalva	McDermott
Buyer	Gutierrez	McGovern
Calvert	Gutknecht	McHenry
Camp (MI)	Hall	McHugh
Campbell (CA)	Harman	McIntyre
Cannon	Harris	McKeon
Cantor	Hart	McMorris
Capito	Hastings (FL)	McNulty
Capps	Hastings (WA)	Meehan
Capuano	Hayes	Meek (FL)
Cardin	Hayworth	Meeks (NY)
Cardoza	Hefley	Melancon
Carnahan	Hensarling	Mica
Carson	Hergert	Michaud
Carter	Herseth	Miller (FL)
Case	Higgins	Miller (MI)
Castle	Hinchey	Miller (NC)
Chabot	Hinojosa	Miller, Gary
Chandler	Hobson	Miller, George
Chocola	Hoekstra	Mollohan
Clay	Holden	Moore (KS)
Cleaver	Honda	Moore (WI)
Coble	Hoolley	Moran (KS)
Cole (OK)	Hostettler	Moran (VA)
Conaway	Hoyer	Murphy
Conyers	Hulshof	Murtha
Cooper	Hunter	Musgrave
Costa	Hyde	Myrick
Costello	Inglis (SC)	Nadler
Cramer	Inslee	Napolitano
Crenshaw	Israel	Neal (MA)
Cuellar	Issa	Neugebauer
Culberson	Jackson (IL)	Ney
Cummings	Jackson-Lee	Northup
Davis (AL)	(TX)	Norwood
Davis (CA)	Jefferson	Nunes
Davis (FL)	Jenkins	Nussle
Davis (IL)	Jindal	Oberstar
Davis (KY)	Johnson (CT)	Obey
Davis (TN)	Johnson (IL)	Oliver
Davis, Tom	Johnson, E. B.	Ortiz
DeFazio	Johnson, Sam	Osborne
DeGette	Jones (NC)	Otter



Owens	Ryan (WI)	Tanner
Oxley	Ryun (KS)	Tauscher
Pallone	Sabo	Taylor (MS)
Pascarell	Salazar	Taylor (NC)
Pastor	Sánchez, Linda	Terry
Payne	T.	Thomas
Pearce	Sanchez, Loretta	Thompson (CA)
Pelosi	Sanders	Thompson (MS)
Pence	Saxton	Thornberry
Peterson (MN)	Schakowsky	Tiahrt
Peterson (PA)	Schiff	Tiberi
Petri	Schmidt	Tierney
Pickering	Schwartz (PA)	Towns
Pitts	Schwarz (MI)	Turner
Platts	Scott (GA)	Udall (CO)
Poe	Scott (VA)	Udall (NM)
Pombo	Sensenbrenner	Upton
Pomeroy	Serrano	Van Hollen
Porter	Sessions	Velázquez
Price (GA)	Shadegg	Visclosky
Price (NC)	Shaw	Walden (OR)
Pryce (OH)	Shays	Walsh
Putnam	Sherman	Wamp
Radanovich	Sherwood	Wasserman
Rahall	Shinkus	Schultz
Ramstad	Shuster	Waters
Rangel	Simmons	Watson
Regula	Simpson	Watt
Rehberg	Skelton	Waxman
Reichert	Slaughter	Weiner
Renzi	Smith (NJ)	Weldon (FL)
Reyes	Smith (TX)	Weldon (PA)
Reynolds	Smith (WA)	Weller
Rogers (AL)	Snyder	Westmoreland
Rogers (KY)	Sodrel	Whitfield
Rogers (MI)	Solis	Wicker
Rohrabacher	Souder	Wilson (NM)
Ros-Lehtinen	Spratt	Wilson (SC)
Ross	Stark	Wolf
Rothman	Stearns	Woolsey
Roybal-Allard	Strickland	Wu
Royce	Stupak	Wynn
Ruppersberger	Sullivan	Young (AK)
Rush	Sweeney	Young (FL)
Ryan (OH)	Tancredo	

## NOES—1

Paul

## NOT VOTING—14

Clyburn	Evans	Lewis (GA)
Crowley	Everett	McKinney
Cubin	Fossella	Millender-
Davis, Jo Ann	Holt	McDonald
Deal (GA)	Istook	Wexler

□ 1529

Messrs. WELDON of Florida, CUMMINGS, and INSLEE changed their vote from "no" to "aye."

So the amendment was agreed to.

The result of the vote was announced as above recorded.

The CHAIRMAN. Under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. FEENEY) having assumed the chair, Mr. SIMPSON, Chairman of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 4157) to amend the Social Security Act to encourage the dissemination, security, confidentiality, and usefulness of health information technology, pursuant to House Resolution 952, he reported the bill, as amended pursuant to that rule, back to the House with further sundry amendments adopted by the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

Is a separate vote demanded on any amendment? If not, the Chair will put them en gros.

The amendments were agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT OFFERED BY MR. DOGGETT

Mr. DOGGETT. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. DOGGETT. I certainly am, Mr. Speaker.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Doggett moves to recommit the bill H.R. 4157 to the Committees on Energy and Commerce and Ways and Means with instructions to report the same back to the House forthwith with the following amendment:

Amend section 205 to read as follows:

**SEC. 205. PRIVACY AND SECURITY PROTECTIONS.**

(a) IN GENERAL.—The Secretary of Health and Human Services shall provide for standards for health information technology (as such term is used in this Act) that include the following privacy and security protections:

(1) Except as provided in succeeding paragraphs, each entity must—

(A) expressly recognize the individual's right to privacy and security with respect to the electronic disclosure of such information;

(B) permit individuals to exercise their right to privacy and security in the electronic disclosure of such information to another entity by obtaining the individual's written or electronic informed consent, which consent may authorize multiple disclosures; and

(C) permit an individual to prohibit access to certain categories of individuals (as defined by the Secretary) of particularly sensitive information, including data relating to infection with the human immunodeficiency virus (HIV), to mental health, to sexually transmitted diseases, to reproductive health, to domestic violence, to substance abuse treatment, to genetic testing or information, to diabetes, and other information as defined by the Secretary after consent has been provided under subparagraph (B).

(2) Informed consent may be inferred, in the absence of a contrary indication by the individual—

(A) to the extent necessary to provide treatment and obtain payment for health care in emergency situations;

(B) to the extent necessary to provide treatment and payment where the health care provider is required by law to treat the individual;

(C) if the health care provider is unable to obtain consent due to substantial barriers to communicating with the individual and the provider reasonably infers from the circumstances, based upon the exercise of professional judgment, that the individual does not object to the disclosure or that the disclosure is in the best interest of the individual; and

(D) to the extent that the information is necessary to carry out or otherwise implement a medical practitioner's order or prescription for health services, medical devices or supplies, or pharmaceuticals.

(3) The protections must prohibit the improper use and disclosure of individually identifiable health information by any entity.

(4) The protections must provide any individual a right to obtain damages and other relief against any entity for the entity's improper use or disclosure of individually identifiable health information.

(5) The protections must require the use of reasonable safeguards, including audit capabilities, encryption and other technologies that make data unusable to unauthorized persons, and other measures, against the risk of loss or unauthorized access, destruction, use, modification, or disclosure of individually identifiable health information.

(6) The protections must provide for notification to any individual whose individually identifiable health information has been lost, stolen, or used for an unauthorized purpose by the entity responsible for the information and notification by the entity to the Secretary.

(b) LIST OF ENTITIES.—The Secretary shall maintain a public list identifying entities whose health information has been lost, stolen, or used in an unauthorized purpose as described in subsection (a)(6) and how many patients were affected by such action.

(c) CONSTRUCTION.—Nothing in this section shall be construed as superseding, altering, or affecting (in whole or in part) any statute, regulation, order, or interpretation in effect in any State that affords any person privacy and security protections greater than that the privacy and security protections described in subsection (a), as determined by the Secretary.

Mr. DOGGETT (during the reading). Mr. Speaker, I ask unanimous consent that the motion to recommit be considered as read and printed in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

The SPEAKER pro tempore. The gentleman is recognized for 5 minutes.

Mr. DOGGETT. Mr. Speaker, this is an important motion for a modest bill. It leaves this bill with an opportunity to move forward today with just one important change, and that is the addition of vital personal privacy protection of what should be genuinely personal medical records.

In my youth, there was a popular song called "I Heard it Through the Grapevine." These days, it's "I saw it on the Internet." In this busy world of busy bodies and identity theft and commercial snooping, I believe what a patient confides to a physician about an ailment, what a young couple tells a psychologist about their marriage, what prescription a pharmacist provides, that highly personal information should not be spread and read on the Internet.

The consequences of unwanted disclosure of personal health information is more than embarrassment or humiliation. It may mean the loss of a job or a promotion. It may mean that an individual refuses to confide necessary information to their doctor or avoids health care and critical medical tests because of fear that the information will be disclosed without her consent.

This Administration has shown little interest in personal privacy, whether it was the privacy of library records or phone conversations or veterans' records.

The Federal Government scored a D-plus on the 2005 Computer Security Report Card, with the Departments of Health and Human Services, Veterans Affairs, and Homeland Security scoring an F. And the Administration's record on health care privacy is even worse. As the Post disclosed last month, there have been 19,420 complaints during the Bush Administration about privacy violations. There have, during this Administration, been almost 20,000 complaints about invasions of privacy with medical records, and all of that has not resulted in a single civil fine anywhere in this country under the protections that are available there, and only two criminal cases out of that 20,000.

This is not an adequate performance, and that is why Dr. Deborah Peel, one of my Texas neighbors, and a host of professional and public health organizations have urged us to adopt meaningful privacy protections in this bill.

Mr. Speaker, I yield 1 minute to the gentleman from Rhode Island (Mr. KENNEDY), who has been such an advocate on this.

Mr. KENNEDY of Rhode Island. Mr. Speaker, I want to ask a few questions to my colleagues about this privacy law.

Do you think it should be a violation of Federal health privacy law to be able to hack into an electronic database for health information? I think it should be against the law. But it is not against the law.

If a hospital employee accesses your health record, for example, for a famous movie star and sells it to a tabloid, do you think that is wrong? Well, that is not against the law now. If you can allow a hospital information to be accessible through an information network, this is now permissible.

All of these things are permissible under the HIPAA law. And if you do not like that, you are going to hate what this bill does to HIPAA, which is going to magnify it 100 times. There is going to be no protection for privacy whatsoever.

And that is why I ask all of you to join us in the motion to recommit. Your constituents will thank you for it if you vote for the motion to recommit.

Mr. DOGGETT. Mr. Speaker, I thank the gentleman, and I yield the balance of my time to the gentleman from Massachusetts (Mr. MARKEY), who has led the way on privacy issues across this country.

Mr. MARKEY. Mr. Speaker, I thank the gentleman from Texas for his leadership on this issue.

There is no privacy protection in this bill. We are about to move to an era where all of your drug records, all of your psychiatric records, all of your children's medical records are going online. William Butler Yeats, the great Irish poet, said that in dreams begin responsibility. We have a responsibility to have privacy protections built into this bill.

What do the Republicans say? They say trust the Department of Health and

Human Services. This year TOM DAVIS, the Government Reform Committee, gave a grade to all agencies in the protection of privacy. Do you know what grade TOM DAVIS and your Government Reform Committee gave to the Department of Health and Human Services? An F. Now, that is Medicare and Medicaid. That is one quarter of all Americans. Now we are taking all private citizens as well and the Republicans are saying "trust the Department of Health and Human Services."

What our motion to recommit says is that every American has the right to say that their children's medical records do not have to be put online; that everyone does not have to know about it; that they have a right to say no, they don't want those records online; that each family can make that decision for themselves.

Vote "aye" on the Doggett motion to recommit.

Mr. BARTON of Texas. Mr. Speaker, I rise in opposition to the motion to recommit.

The SPEAKER pro tempore. The gentleman from Texas is recognized for 5 minutes.

Mr. BARTON of Texas. Mr. Speaker, I want to compliment my good friends who have spoken on this motion to recommit. I know all three of the gentlemen, and they are fine fellows and fine public servants and believe passionately in what they speak of. If I were a doctor on this debate, I believe I would have to recommend they take a Valium and just calm down. We do not get this fixed if there is a problem.

Whatever the law is today on medical record privacy, the law is going to be tomorrow on medical record privacy. Nothing in this bill changes that. This is a health information technology bill. We are actually trying to get medical records in our country, the greatest Nation the world has ever known, to use technology that many other industries and many other groups have already incorporated into their daily business routine.

Now, there is an ongoing study at HHS on privacy. They have received over 50,000 public comments so far. This bill before us, if it becomes law, has an implementation period. There is going to be adequate time to come back, if we need to, with a specific medical technology privacy bill.

In past Congresses, Mr. MARKEY and I have been co-chairmen of the Privacy Caucus in the House, along with Senator SHELBY and Senator DODD in the Senate. I am as strong an advocate of protecting personal privacy as anybody in this body. I would say Mr. MARKEY and others share the passion just as strongly as I do.

The bill before us today is not a privacy bill. This motion to recommit is a privacy amendment. We should reject it and then move the underlying bill. And if and when we need to address medical privacy as a stand-alone issue, there will be adequate time and adequate resources devoted to that.

Mr. KENNEDY of Rhode Island. Mr. Speaker, will the gentleman yield?

Mr. BARTON of Texas. I yield to the gentleman from Rhode Island.

Mr. KENNEDY of Rhode Island. Companies that are in the business of storing patient health information online are not covered under HIPAA. Are not covered under HIPAA.

Mr. BARTON of Texas. Mr. Speaker, reclaiming my time, they are covered under adequate laws, and HIPAA is the medical privacy law.

Please vote against the motion to recommit.

Mr. Speaker, I yield the balance of my time to the subcommittee chairman from the Ways and Means Committee, who has worked so tirelessly on this bill, Mrs. JOHNSON of Connecticut.

Mrs. JOHNSON of Connecticut. Mr. Speaker, remember, adoption of HIPAA was a multi-year process, very controversial, very difficult, 50,000 comments just on the regulations.

The SPEAKER pro tempore. The gentleman will suspend.

In debate on a motion to recommit, time is not controlled. Therefore, although the gentleman may yield as he pleases, he must remain on his feet.

Mr. BARTON of Texas. I know the rules. I'm supposed to be standing up. I apologize.

Mrs. JOHNSON of Connecticut. My legislation explicitly does not change HIPAA.

The behavior described of hacking in and revealing what would be under HIPAA is a fine of \$250,000 and 10 years in jail. So HIPAA is there. It protects our privacy.

What this bill does is to put in place a study to look at what has happened in the States, what has happened between State law and Federal law, to look and see if there are things that need to be done to create greater commonality amongst all these laws so that the nationwide interoperable health information system will protect health information to the current or a higher standard. So in the bill it has to be to a higher standard. But we maintain current law. There is absolute protection.

And, remember, this specific approach was rejected by Donna Shalala and President Clinton; so do not take this vote lightly, folks. What you are voting for is a radical change in a law that is terribly important to all of us and we maintain in this bill.

Mr. BARTON of Texas. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the yeas appeared to have it.

RECORDED VOTE

Mr. DOGGETT. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on the motion to recommit will be followed by 5-minute votes on passage of H.R. 4157, if ordered, and the motion to instruct on H.R. 2830.

The vote was taken by electronic device, and there were—ayes 198, noes 222, not voting 12, as follows:

[Roll No. 415]

AYES—198

Abercrombie	Gutierrez	Oliver
Ackerman	Harman	Ortiz
Allen	Hastings (FL)	Otter
Andrews	Hersteth	Owens
Baca	Higgins	Pallone
Baird	Hinchey	Pascarell
Baldwin	Hinojosa	Pastor
Barrow	Holden	Paul
Bean	Holt	Payne
Becerra	Honda	Pelosi
Berkley	Hookey	Peterson (MN)
Berman	Hoyer	Pomeroy
Berry	Inslee	Price (NC)
Bishop (GA)	Israel	Rahall
Bishop (NY)	Jackson (IL)	Rangel
Blumenauer	Jackson-Lee	Reyes
Boren	(TX)	Ross
Boswell	Jefferson	Rothman
Boucher	Johnson, E. B.	Roybal-Allard
Boyd	Jones (NC)	Ruppersberger
Brady (PA)	Jones (OH)	Rush
Brown (OH)	Kanjorski	Ryan (OH)
Brown, Corrine	Kaptur	Sabo
Butterfield	Kennedy (RI)	Salazar
Capps	Kildee	Sánchez, Linda
Capuano	Kilpatrick (MI)	T.
Cardin	Kind	Sanchez, Loretta
Cardoza	Kucinich	Sanders
Carnahan	Langevin	Schakowsky
Carson	Lantos	Schiff
Case	Larsen (WA)	Schwartz (PA)
Chandler	Larson (CT)	Scott (GA)
Clay	Lee	Scott (VA)
Cleaver	Levin	Serrano
Conyers	Lipinski	Sherman
Costa	Lofgren, Zoe	Skelton
Costello	Lowey	Slaughter
Cramer	Lynch	Smith (WA)
Cuellar	Maloney	Snyder
Cummings	Markey	Solis
Davis (AL)	Marshall	Spratt
Davis (CA)	Matheson	Stark
Davis (FL)	Matsui	Strickland
Davis (IL)	McCarthy	Stupak
Davis (TN)	McCollum (MN)	Tanner
DeFazio	McDermott	Tauscher
DeGette	McGovern	Taylor (MS)
Delahunt	McIntyre	Thompson (CA)
DeLauro	McNulty	Thompson (MS)
Dicks	Meehan	Tierney
Dingell	Meek (FL)	Towns
Doggett	Meeks (NY)	Udall (CO)
Doyle	Melancon	Udall (NM)
Edwards	Michaud	Van Hollen
Emanuel	Millender-	Velázquez
Engel	McDonald	Visclosky
Eshoo	Miller (NC)	Wasserman
Etheridge	Miller, George	Schultz
Farr	Mollohan	Waters
Fattah	Moore (KS)	Watson
Filner	Moore (WI)	Watt
Ford	Moran (VA)	Waxman
Frank (MA)	Murtha	Weiner
Gonzalez	Nadler	Woolsey
Gordon	Napolitano	Wu
Green, Al	Neal (MA)	Wynn
Green, Gene	Oberstar	
Grijalva	Obey	

NOES—222

Aderholt	Bishop (UT)	Brown-Waite,
Akin	Blackburn	Ginny
Alexander	Blunt	Burgess
Bachus	Boehlert	Burton (IN)
Baker	Boehner	Buyer
Barrett (SC)	Bonilla	Calvert
Bartlett (MD)	Bonner	Camp (MI)
Barton (TX)	Bono	Campbell (CA)
Bass	Boozman	Cannon
Beauprez	Boustany	Cantor
Biggert	Bradley (NH)	Capito
Billbray	Brady (TX)	Carter
Bilirakis	Brown (SC)	Castle

Chabot	Jenkins	Porter
Chocola	Jindal	Price (GA)
Coble	Johnson (CT)	Pryce (OH)
Cole (OK)	Johnson (IL)	Putnam
Conaway	Johnson, Sam	Radanovich
Cooper	Keller	Ramstad
Crenshaw	Kelly	Regula
Culberson	Kennedy (MN)	Rehberg
Davis (KY)	King (IA)	Reichert
Davis, Tom	King (NY)	Renzi
Dent	Kingston	Reynolds
Diaz-Balart, L.	Kirk	Rogers (AL)
Diaz-Balart, M.	Kline	Rogers (KY)
Doolittle	Knollenberg	Rogers (MI)
Drake	Kolbe	Rohrabacher
Dreier	Kuhl (NY)	Ros-Lehtinen
Duncan	LaHood	Royce
Ehlers	Latham	Ryan (WI)
Emerson	LaTourette	Ryun (KS)
English (PA)	Leach	Saxton
Everett	Lewis (CA)	Schmidt
Feeney	Lewis (KY)	Schwarz (MI)
Ferguson	Linder	Sensenbrenner
Fitzpatrick (PA)	LoBiondo	Sessions
Flake	Lucas	Shadegg
Foley	Lungren, Daniel	Shaw
Forbes	E.	Shays
Fortenberry	Mack	Sherwood
Fox	Manzullo	Shimkus
Franks (AZ)	Marchant	Shuster
Frelinghuysen	McCaul (TX)	Simmons
Gallegly	McCotter	Simpson
Garrett (NJ)	McCrery	Smith (NJ)
Gerlach	McHenry	Smith (TX)
Gibbons	McHugh	Sodrel
Gilchrest	McKeon	Souder
Gillmor	McMorris	Stearns
Gingrey	Mica	Sullivan
Gohmert	Miller (FL)	Sweeney
Goode	Miller (MI)	Tancred
Goodlatte	Miller, Gary	Tancred
Granger	Moran (KS)	Taylor (NC)
Graves	Murphy	Terry
Green (WI)	Musgrave	Thornberry
Gutknecht	Myrick	Tiahrt
Hall	Neugebauer	Tiberi
Harris	Ney	Turner
Hart	Northup	Upton
Hastings (WA)	Norwood	Walden (OR)
Hayes	Nunes	Walsh
Hayworth	Nussle	Wamp
Hefley	Osborne	Weldon (FL)
Herger	Oxley	Weldon (PA)
Hobson	Pearce	Weller
Hoekstra	Pence	Westmoreland
Hostettler	Peterson (PA)	Whitfield
Hulshof	Petri	Wicker
Hunter	Pickering	Wilson (NM)
Hyde	Pitts	Wilson (SC)
Inglis (SC)	Platts	Wolf
Issa	Poe	Young (AK)
	Pombo	Young (FL)

NOT VOTING—12

Clyburn	Deal (GA)	Lewis (GA)
Crowley	Evans	McKinney
Cubin	Fossella	Thomas
Davis, Jo Ann	Istook	Wexler

□ 1603

Mr. BOOZMAN changed his vote from “aye” to “no.”

Mr. BLUMENAUER changed his vote from “no” to “aye.”

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mrs. JOHNSON of Connecticut. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 270, noes 148, not voting 14, as follows:

[Roll No. 416]

AYES—270

Aderholt	Gibbons	Ney
Akin	Gilchrest	Northup
Alexander	Gillmor	Norwood
Allen	Gohmert	Nunes
Bachus	Gonzalez	Nussle
Baird	Goode	Oberstar
Baker	Goodlatte	Ortiz
Barrett (SC)	Gordon	Osborne
Bartlett (MD)	Granger	Oxley
Barton (TX)	Graves	Pearce
Bass	Green (WI)	Peterson (MN)
Bean	Gutknecht	Peterson (PA)
Beauprez	Hall	Petri
Berkley	Harman	Pickering
Biggert	Harris	Pitts
Billbray	Hart	Platts
Bilirakis	Hastings (WA)	Poe
Bishop (GA)	Hayes	Pombo
Bishop (UT)	Hayworth	Porter
Blackburn	Hefley	Price (GA)
Blunt	Hensarling	Pryce (OH)
Boehlert	Herger	Putnam
Boehner	Hersteth	Radanovich
Bonilla	Hinojosa	Ramstad
Bonner	Hobson	Regula
Bono	Hoekstra	Rehberg
Boozman	Hookey	Reichert
Boren	Hulshof	Renzi
Boucher	Hunter	Reynolds
Boustany	Hyde	Rogers (AL)
Boyd	Inglis (SC)	Rogers (KY)
Bradley (NH)	Inslee	Rogers (MI)
Brady (TX)	Israel	Rohrabacher
Brown (SC)	Issa	Ros-Lehtinen
Brown-Waite,	Jenkins	Royce
Ginny	Jindal	Ruppersberger
Burgess	Johnson (CT)	Ryan (WI)
Burton (IN)	Johnson (IL)	Ryun (KS)
Buyer	Johnson, Sam	Sabo
Calvert	Keller	Salazar
Camp (MI)	Kelly	Sanchez, Loretta
Campbell (CA)	Kennedy (MN)	Saxton
Cannon	Kind	Schmidt
Cantor	King (IA)	Schwartz (PA)
Capito	King (NY)	Schwarz (MI)
Carnahan	Kingston	Sensenbrenner
Carson	Kirk	Sessions
Carter	Kline	Shadegg
Castle	Knollenberg	Shaw
Chabot	Kolbe	Shays
Chocola	Kuhl (NY)	Sherwood
Clay	LaHood	Shimkus
Cleaver	Larsen (WA)	Shuster
Coble	Latham	Simmons
Cole (OK)	LaTourette	Simpson
Conaway	Leach	Skelton
Cooper	Lewis (CA)	Smith (NJ)
Costa	Lewis (KY)	Smith (TX)
Cramer	Linder	Smith (WA)
Crenshaw	Lipinski	Sodrel
Cuellar	LoBiondo	Souder
Culberson	Lofgren, Zoe	Stearns
Davis (FL)	Lucas	Sullivan
Davis (KY)	Lungren, Daniel	Sweeney
Davis (TN)	E.	Tancred
Davis, Tom	Mack	Tauscher
DeFazio	Manzullo	Taylor (NC)
Dent	Marchant	Terry
Diaz-Balart, L.	Marshall	Thompson (CA)
Diaz-Balart, M.	Matheson	Thornberry
Dicks	McCarthy	Tiahrt
Doolittle	McCaul (TX)	Tiberi
Drake	McCotter	Towns
Dreier	McCrery	Turner
Edwards	McHenry	Udall (CO)
Ehlers	McHugh	Upton
Emerson	McKeon	Walden (OR)
English (PA)	McMorris	Walsh
Everett	Meeks (NY)	Weldon (FL)
Feeney	Melancon	Weldon (PA)
Ferguson	Mica	Weller
Fitzpatrick (PA)	Miller (FL)	Westmoreland
Foley	Miller (MI)	Whitfield
Forbes	Miller, Gary	Wicker
Fortenberry	Moore (KS)	Wilson (NM)
Fox	Moran (KS)	Wilson (SC)
Fox	Moran (VA)	Wolf
Franks (AZ)	Murphy	Wu
Frelinghuysen	Musgrave	Young (AK)
Gallegly	Myrick	Young (FL)
Gerlach	Neugebauer	

NOES—148

Abercrombie	Baca	Berman
Ackerman	Baldwin	Berry
Andrews	Becerra	Bishop (NY)

Blumenauer	Hoyer	Pastor	Baldwin	Gutknecht	Pascrell	Bass	Graves	Norwood
Boswell	Jackson (IL)	Paul	Barrow	Harman	Pastor	Beauprez	Hall	Nunes
Brady (PA)	Jackson-Lee	Pelosi	Bartlett (MD)	Hart	Paul	Biggart	Harris	Osborne
Brown (OH)	(TX)	Pomeroy	Bean	Hastings (FL)	Pelosi	Bilbray	Hastings (WA)	Otter
Brown, Corrine	Jefferson	Price (NC)	Becerra	Herseeth	Peterson (MN)	Bishop (UT)	Hayes	Oxley
Butterfield	Johnson, E. B.	Rahall	Berkley	Higgins	Pickering	Blackburn	Hayworth	Pearce
Capps	Jones (NC)	Rangel	Berman	Hinchey	Platts	Blunt	Hefley	Pence
Capuano	Jones (OH)	Reyes	Berry	Hinojosa	Poe	Boehner	Hensarling	Peterson (PA)
Cardin	Kanjorski	Ross	Billirakis	Holden	Pombo	Bonilla	Herger	Petri
Cardoza	Kaptur	Rothman	Bishop (GA)	Holt	Pomeroy	Boustany	Hobson	Pitts
Case	Kennedy (RI)	Roybal-Allard	Bishop (NY)	Honda	Porter	Bradley (NH)	Hulshof	Price (GA)
Chandler	Kildee	Rush	Blumenauer	Hooley	Price (NC)	Brady (TX)	Inglis (SC)	Pryce (OH)
Conyers	Kilpatrick (MI)	Ryan (OH)	Boehlert	Hostettler	Rahall	Brown (SC)	Issa	Putnam
Costello	Kucinich	Sánchez, Linda T.	Bonner	Hoyer	Ramstad	Burton (IN)	Johnson (CT)	Radanovich
Cummings	Langevin		Bono	Hunter	Rangel	Buyer	Johnson, Sam	Reynolds
Davis (AL)	Lantos	Sanders	Boozman	Hyde	Regula	Camp (MI)	Keller	Rogers (AL)
Davis (CA)	Larson (CT)	Schakowsky	Boren	Inslee	Rehberg	Campbell (CA)	King (IA)	Rogers (KY)
Davis (IL)	Lee	Schiff	Boswell	Israel	Reichert	Cannon	Kline	Ros-Lehtinen
DeGette	Levin	Scott (GA)	Boucher	Jackson (IL)	Renzi	Cantor	Knollenberg	Ryan (WI)
Delahunt	Lowey	Scott (VA)	Boyd	Jackson-Lee	Reyes	Chabot	Kolbe	Ryun (KS)
DeLauro	Lynch	Serrano	Brady (PA)	(TX)	Rogers (MI)	Chocola	Latham	Sensenbrenner
Dingell	Maloney	Jefferson	Brown (OH)	Jefferson	Rohrabacher	Cole (OK)	Lewis (CA)	Sessions
Doggett	Markey	Jenkins	Brown, Corrine	Jenkins	Ross	Conaway	Lewis (KY)	Shadegg
Doyle	Matsui	Jindal	Brown-Waite,	Kind	Rothman	Crenshaw	Linder	Shimkus
Duncan	McCollum (MN)	Johnson (IL)	Ginny	Kilpatrick (MI)	Roybal-Allard	Culberson	Lucas	Shuster
Emanuel	McDermott	Johnson, E. B.	Burgess	Kind	Royce	Diaz-Balart, L.	Lungren, Daniel E.	Simpson
Engel	McGovern	Jones (NC)	Butterfield	King (NY)	Ruppelberger	Diaz-Balart, M.		Smith (TX)
Eshoo	McIntyre	Jones (OH)	Calvert	Kingston	Rush	Doolittle	Mack	Stearns
Etheridge	McNulty	Kanjorski	Capito	Kirk	Ryan (OH)	Drake	Marchant	Terry
Farr	Meehan	Kaptur	Capps	Kucich	Sabo	Ehlers	McCaul (TX)	Thomas
Fattah	Meek (FL)	Kelly	Capuano	Kuhl (NY)	Salazar	English (PA)	McCrery	Tiahrt
Filner	Michaud	Kennedy (MN)	Cardin	LaHood	Sánchez, Linda T.	Feeney	McHenry	Tiberi
Flake	Millender-	Kennedy (RI)	Cardoza	Langevin	Sanchez, Loretta	Flake	McKeon	Walden (OR)
Ford	McDonald	Kildee	Carnahan	Lantons	Sanders	Fox	McMorris	Weldon (FL)
Frank (MA)	Miller (NC)	Kilpatrick (MI)	Carson	Larsen (WA)	Saxton	Franks (AZ)	Mica	Westmoreland
Garrett (NJ)	Miller, George	Kind	Carter	LaTourette	Schiff	Frelinghuysen	Miller (FL)	Whitfield
Gingrey	Mollohan	King (NY)	Velázquez	Leach	Schwartz (PA)	Garrett (NJ)	Miller, Gary	Wicker
Green, Al	Moore (WI)	Kingston	Castle	Lee	Schwartz (MI)	Gillmor	Musgrave	Wilson (SC)
Green, Gene	Murtha	Kirk	Chandler	Levin	Scott (GA)	Gingrey	Myrick	Young (AK)
Grijalva	Nadler	Schmidt	Clay	Lipinski	Scott (VA)	Goodlatte	Neugebauer	
Gutierrez	Napolitano	Schwartz (PA)	Cleaver	LoBiondo	Serrano	Granger	Northup	
Hastings (FL)	Neal (MA)	Schwarz (MI)	Coble	Lofgren, Zoe	Shaw			
Higgins	Obey	Smith (NJ)	Conyers	Lowey	Shays			
Hinchey	Oliver	Smith (WA)	Cooper	Lynch	Sherman			
Holden	Otter	Snyder	Costa	Maloney	Sherwood			
Holt	Owens	Sodrel	Costello	Manzullo	Simmons			
Honda	Pallone	Solis	Cramer	Marzullo	Skelton			
Hostettler	Pascrell	Souder	Cuellar	Markey	Slaughter			
		Stark	Cummings	Marshall	Smith (NJ)			
		Stupak	Davis (AL)	Matheson	Smith (WA)			
		Sullivan	Davis (CA)	Matsui				
		Sweeney	Davis (FL)	McCarthy				
		Tancredo	Davis (IL)	McCollum (MN)				
		Tanner	Davis (KY)	McCotter				
		Tauscher	Davis (TN)	McDermott				
		Taylor (MS)	Davis, Tom	McGovern				
		Taylor (NC)	DeFazio	McHugh				
		Thompson (CA)	DeGette	McIntyre				
		Thompson (MS)	Delahunt	McNulty				
		Tierney	DeLauro	Meehan				
		Towns	Dent	Meek (FL)				
		Turner	Dicks	Meeks (NY)				
		Udall (CO)	Dingell	Michaud				
		Udall (NM)	Doggett	Millender-				
		Upton	Doyle	McDonald				
		Van Hollen	Dreier	Miller (MI)				
		Velázquez	Duncan	Miller (NC)				
		Walsh	Edwards	Miller, George				
		Wamp	Emerson	Mollohan				
		Wasserman	Engel	Moore (KS)				
		Waters	Eshoo	Moore (WI)				
		Watson	Etheridge	Moran (KS)				
		Watt	Everett	Moran (VA)				
		Waxman	Farr	Murphy				
		Weiner	Fattah	Murtha				
		Weldon (PA)	Ferguson	Nadler				
		Weller	Filner	Napolitano				
		Wilson (NM)	Fitzpatrick (PA)	Neal (MA)				
		Wolf	Foley	Ney				
		Woolsey	Forbes	Nussle				
		Wu	Ford	Oberstar				
		Wynn	Fortenberry	Obey				
		Young (FL)	Frank (MA)	Oliver				
			Galleghy	Ortiz				
			Gerlach	Owens				
			Gibbons	Pallone				
			Gilchrest					
			Gohmert					
			Gonzalez					
			Goode					
			Gordon					
			Green (WI)					
			Green, Al					
			Green, Gene					
			Grijalva					

## NOT VOTING—14

Clyburn	Evans	Payne
Crowley	Fossella	Pence
Cubin	Istook	Thomas
Davis, Jo Ann	Lewis (GA)	Wexler
Deal (GA)	McKinney	

## □ 1611

So the bill was passed.

The result of the vote was announced as above recorded.

The title of the bill was amended so as to read: "A Bill to promote a better health information system."

A motion to reconsider was laid on the table.

## MOTION TO INSTRUCT CONFEREES ON H.R. 2830, PENSION PROTECTION ACT OF 2005

The SPEAKER pro tempore. The unfinished business is the vote on the motion to instruct on H.R. 2830 offered by the gentleman from California (Mr. GEORGE MILLER) on which the yeas and nays are ordered.

The Clerk will redesignate the motion.

The Clerk redesignated the motion.

The SPEAKER pro tempore. The question is on the motion to instruct.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 285, nays 126, not voting 21, as follows:

[Roll No. 417]

## YEAS—285

Abercrombie	Allen	Baca
Aderholt	Andrews	Baird

## NAYS—126

Bachus	Barrett (SC)
Baker	Barton (TX)

## NOT VOTING—21

Ackerman	Evans	McKinney
Clyburn	Fossella	Melancon
Crowley	Gutierrez	Payne
Cubin	Hoekstra	Spratt
Davis, Jo Ann	Istook	Strickland
Deal (GA)	Larson (CT)	Thornberry
Emanuel	Lewis (GA)	Wexler

## □ 1621

Mr. MARCHANT changed his vote from "yea" to "nay."

So the motion to instruct was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

## AUTHORIZING REPAIR OF MACE OF HOUSE OF REPRESENTATIVES

Mr. BOEHNER. Mr. Speaker, I offer a resolution (H. Res. 957) and I ask unanimous consent for its immediate consideration.

The Clerk read the resolution, as follows:

*Resolved,*

## SECTION 1. REPAIR OF MACE OF HOUSE OF REPRESENTATIVES.

(a) DELIVERY FOR REPAIR.—The Sergeant at Arms of the House of Representatives is authorized and directed, on behalf of the House of Representatives, to deliver the mace of the House of Representatives, following an adjournment of the House pursuant to concurrent resolution, to the Secretary of the Smithsonian Institution only for the purpose of having necessary repairs made to the mace and under such circumstances as will assure that the mace is properly safeguarded.

(b) RETURN.—The mace shall be returned to the House of Representatives before noon on the day before the House next reconvenes pursuant to concurrent resolution or at any sooner time when so directed by the Speaker of the House of Representatives.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

The resolution was agreed to.

A motion to reconsider was laid on the table.

#### HOUR OF MEETING ON TOMORROW

Mr. BOEHNER. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 10 a.m. tomorrow.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

#### CALLING FOR CEASE-FIRE IN LEBANON

(Mr. McDERMOTT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. McDERMOTT. Mr. Speaker, yesterday a number of countries met in Rome and they discussed what ought to happen between or in Lebanon, and they came to a decision there ought to be a cease-fire, except one country said no, it was the United States of America.

Mr. Speaker, how can it be that the United States of America can condone the continuation of people dying on both sides of the line? The explanation of who started it or who won't stop or who is at fault or when it started or all that must be decided at a peace table. As long as people are dying, the peace table is going to be harder and harder and harder to work out. The sooner we bring the parties to the table, the better off the whole world will be, not just Lebanese, not Israelis, everyone in the world will be better off if we have a cease-fire. Please, Mr. President, listen to us.

#### SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2005, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

#### HONORING TIM FRIEDMAN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Mr. Speaker, I rise today to talk about Tim Friedman who is leaving this body to start a new life, one a lot more relaxing I am sure. But I can tell him, he won't be surrounded by as many people that absolutely admire and like him like he is day in and day out here.

I have gotten to know this man. He has been here for 30 years, but I have gotten to know him over the past 2 years while I have come to the floor 165

times to bring 5-minute special orders on bringing our troops home from Iraq. But what I have learned about him because he is here every night while we are doing our Special Orders, that his job in keeping this House floor together, to keep Members on the straight and narrow and knowing what we are doing and what we are not supposed to do, like talking on our cell phones on the floor, he does with good humor, he does with good grace.

But his most important chore, and I think he has always known this with me, has been to find my fountain pens when I lose them. Actually, he can find a real fountain pen. I have a bit of a fetish for nice fountain pens. He finds other people's, and he thinks they are mine because I so often lose mine. But he also finds things that other Members of the House lose. He is a real sleuth, and he finds them, he knows who they belong to, he lets us know that he has got them.

Mr. Speaker, even though he is starting a new chapter in his life, even though he is leaving us, we know that he has been here and we will always remember how he has treated every single one of us. I am glad that he was part of this chapter in my life.

Mr. ROTHMAN. Mr. Speaker, will the gentlewoman yield?

Ms. WOOLSEY. I yield to the gentleman from New Jersey.

Mr. ROTHMAN. Mr. Speaker, I would like to join the gentlewoman from California in acknowledging and honoring our friend, Tim Friedman, for all his 30-plus years of service to the House of Representatives.

I have been here now 10 years, Mr. Speaker, and I can say I have asked a great deal of Mr. Friedman, how to get from place to place, what the votes are going to be, asking him his advice on all kinds of family matters, frankly, to whether to go home for that soccer game or that school play. And he always gave me the right answer: Go home and be with your kids, and we will take care of the institution.

Mr. Friedman has been an exemplary servant to this institution and to this country. And for 30-plus years of service, I want to thank him and his family for all of the sacrifice that he has expended on behalf of our country.

□ 1630

I want to say one other word. Tim is part of a team on our side of the aisle that makes our work possible. I know on the other side of the aisle there is a terrific team of people helping our friends on the other side of the aisle. So Tim represents the finest in public service, and I want to wish him and his family a wonderful retirement, and from the bottom of my heart, Tim, a sincere and grateful thank you for all you have done for me and for the Democratic Party, for the Democrats here, for the United States Congress and the people of this country.

Thank you, Tim Friedman.

Ms. KAPTUR. Mr. Speaker, will the gentlewoman yield?

Ms. WOOLSEY. I yield to the gentleman from Ohio.

Ms. KAPTUR. Mr. Speaker, I thank the gentlewoman for yielding to me, and I want to add my words of great compliment and appreciation to Tim Friedman, a true gentleman who has served this House with such distinction for over three decades of his life. His career here represents the highest level of public service, and members of his family, his children, his relatives, all of his friends here, all the Members of Congress that he has served and the American people should know this man because so many of the really top quality staff members who serve the Nation do not get the kind of recognition that they genuinely deserve.

I want to thank him for his gentlemanly demeanor, being a true man of the House, and for helping us build a better Nation and world. Your service has been exemplary. Thank you on behalf of the Nation and thank you on behalf of the people of Ohio as well, all of whom you have served with such distinction. Congratulations. God bless you and may the future be even brighter than the years that you spent here.

Mr. Speaker, I thank the gentlewoman from California for yielding to me on behalf of such a fine and good man.

Ms. WOOLSEY. Mr. Speaker, in conclusion, Tim, thank you for taking care of us. Thank you for being you, and thank you for being in this chapter of my life.

#### THREE FATHERS—THREE STOLEN CHILDREN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

Mr. POE. Mr. Speaker, I want to talk about three stolen children and three fathers.

Adam Walsh, a 6-year-old in Hollywood, Florida, disappeared on July 27, 1981, from a shopping store. His mother told him to play video games while she paid for a lamp. When she turned around, he had disappeared from the store. Apparently, the management had told him to leave.

On August 10, 1981, Adam's decapitated head was found in the water at Vero Beach, Florida. The rest of his remains have never been found.

Otis Toole, a serial killer, confessed to killing Adam in 1983. Police were not sure he was the killer, although he confessed again, but later recanted. Toole died in 1996 on death row for other crimes, and Adam's murder technically remains unsolved.

His father, John Walsh, partner in a hotel management company, lived the "All-American Dream" with his family in Hollywood, Florida, but the effect of his son's death, Adam, was devastating. He lost everything, not only his business, his home, but his pride, Adam Walsh.

He began campaigning for missing and exploited children, and his drive

created the Missing Children Assistance Act of 1984, which established the National Center for Missing and Exploited Children. Also, John and his wife established the Adam Walsh Child Resource Center, and he has been host on "America's Most Wanted" since 1988. This TV program helps capture the worst criminals in America. He still is married and he has three children now, and he works daily to protect our children.

Polly Klaas was abducted from her bedroom in the middle of the night on October 1, 1993, by Richard Allen Davis in California. He later strangled her and sexually assaulted her, and in December of that year, Davis led police to her body, and they discovered that she had been buried alive. Davis, a previously convicted felon, was sentenced to death in September 1996. He is on death row now in California waiting to be executed, as he needs to be.

Marc Klaas, her father, worked in a Hertz car rental center in San Francisco prior to her death. Memories of his daughter Polly were sitting on the couch, watching her favorite show "The Simpsons." She had a love for performing. She also loved to play her clarinet and would have loved to have been an actress.

But the effect of her death, Mr. Speaker, in the words of her father, Marc, he said, "I wanted to be dead for 10 years. No one has affected my life so positively and nothing has affected my life so negatively."

After her abduction and murder, Marc gave up his business and dedicated his life to protecting our children. He is the founder of the Klaaskids Foundation, a nonprofit organization; and in 1994, he was instrumental in establishing the "three strikes, you're out" law in California. A third felony conviction means those criminals go to prison for 25 years to life.

Mr. Speaker, number three, Jessica Lunsford, 9-year-old girl in Florida. She was abducted also from her bedroom on February 23, 2005, by a repeat sex offender, John Couey. This occurred in Homosassa, Florida. He repeatedly sexually assaulted her, and then he buried her alive in his backyard.

It is interesting to note that "America's Most Wanted" helped capture this individual.

On March 18, 2005, Couey confessed to raping and killing Jessica and told police where she was buried. He is waiting trial; and, hopefully, the folks in Florida will administer their corrective punishment, the death penalty, in his case.

Mark Lunsford, her father, normal guy. In fact, he moved to Florida to protect his children. He was in the Army after high school and he loved his kids. He just worked as a heavy equipment operator at a recycling center. He says about his daughter that she loved to work with him and operate this heavy equipment. They took care of each other because that is what families do.

The effect of her death has helped him to also work for children. He is helping get Jessica's Law passed in 18 States, which increases the minimum penalty for sex offenders to 25 years for first offenders.

Mr. Speaker, these three fathers from three different backgrounds had a child stolen from them by a child predator. As a father of four and a grandfather of five, there would be nothing worse than to have a child murdered.

I know all three of these fathers. In fact, two of them are in Washington today. They are still fighting for kids, and they are here today because the President signed the Adam Walsh Child Safety Act to toughen up registration of child predators.

Twenty-five years ago today, Adam Walsh was kidnapped.

Mr. Speaker, children are our greatest resource, and every time a child is born, God is making a bet on the future of our culture. We are not judged by the way we treat the rich, the famous, the powerful, the influential. We as a society are judged by the way we treat the weak, the innocent, the children.

The voices of these three children, the roll call of the dead, Jessica, Polly and Adam, call from the graves for justice. America must be the land that concerns itself with the protection of its children, and we must win this war against those child terrorists who steal the lives of our children.

And that's just the way it is.

#### REPORT ON RESOLUTION WAIVING REQUIREMENT OF CLAUSE 6(a) OF RULE XIII WITH RESPECT TO CONSIDERATION OF CERTAIN RESOLUTIONS

Mr. HASTINGS of Washington, from the Committee on Rules, submitted a privileged report (Rept. No. 109-606) on the resolution (H. Res. 958) waiving a requirement of clause 6(a) of rule XIII with respect to consideration of certain resolutions reported from the Committee on Rules, which was referred to the House Calendar and ordered to be printed.

#### ENERGY BILL ANNIVERSARY BRINGS PAIN AT THE PUMP

(Mr. BROWN of Ohio asked and was given permission to address the House for 1 minute.)

Mr. BROWN of Ohio. Mr. Speaker, tomorrow is the first anniversary of the House passage of the Bush energy bill.

Our Republican colleagues probably want to take a victory lap, but they just cannot afford the gas. Gas prices, you see, in that 1 year are 71 cents higher today than they were 12 months ago.

The Republican energy bill fails American consumers by design.

They moved it a year ago, even though they knew it would grow our dependence on foreign oil because it offered \$85 billion in consumer subsidies to Big Oil and the other Republican corporate campaign donors.

It has paid off. Eighty-four percent of Big Oil's more than \$10 million in political contributions for this November's elections have gone to Republicans, 84 percent. Is it any wonder who the Republican energy bill really serves?

Too many of my Republican colleagues are addicted to oil company campaign contributions.

We need to reject the failed policies of the past. We need to build a brighter future of greater energy independence by using energy smarter, investing in new, job-creating energy technologies and, for instance, making my State of Ohio the Silicon Valley of alternative energy.

The SPEAKER pro tempore (Mr. POE). Under a previous order of the House, the gentleman from Nebraska (Mr. OSBORNE) is recognized for 5 minutes.

(Mr. OSBORNE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### HONORING DR. ROCH DOLIVEUX

Mr. GINGREY. Mr. Speaker, I ask unanimous consent to speak out of turn.

The SPEAKER pro tempore. Without objection, the gentleman from Georgia is recognized for 5 minutes.

There was no objection.

Mr. GINGREY. Mr. Speaker, today I rise to commend a fine constituent of the 11th District of Georgia, Dr. Roch Doliveux. Dr. Doliveux is the chief executive officer of UCB, Incorporated, a leading global biopharmaceutical company with facilities in my district, the 11th of Georgia, in the town of Smyrna.

Earlier this year, Dr. Doliveux received the Epilepsy Foundation's Distinguished Achievement Award in New York City. The Epilepsy Foundation annually recognizes individuals who have made outstanding efforts on the behalf of those living with epilepsy.

As the CEO of UCB, Incorporated, Dr. Doliveux has spearheaded his company's efforts to raise awareness of this disease, and he has leveraged its resources to develop and provide medicines to help patients return to their daily activities.

In our country, epilepsy affects 2.7 million Americans and their families. Mr. Speaker, epilepsy is a seizure disorder that can develop at any time in life, and it can stem from a variety of causes; but it is always a costly and frequently debilitating disease.

That is why, as a physician Member, I am so proud to stand on the floor of this body and extend my congratulations to Dr. Doliveux for his fine work on behalf of the Epilepsy Foundation.

#### IS PEACE POSSIBLE?

Ms. KAPTUR. Mr. Speaker, I ask unanimous consent to address the House.

The SPEAKER pro tempore. Without objection, the gentlewoman from Ohio is recognized for 5 minutes.



There was no objection.

Ms. KAPTUR. Mr. Speaker, I rise this evening to tell a little story.

This week, a wonderful family from my district in Ohio brought to Washington a little sketch that they left with me. It is a scene from inside a home, and a little boy is standing at a window holding what looks like a prayer book. He is looking out this window into a sunlit day, and outside the window are these beautiful, beautiful apple trees.

You do not realize as you are looking at this child, who may be 4 years old or so, looking outside his window, you do not realize that what is walking by his window are bayonets pointed straight up, because in the way the artist has drawn the picture, the gun butts parallel the trunks of the apple trees.

You look at this picture and it causes you to pause, and in the distance in the sky, you see a small bird flying, a bird of peace.

As I watch what is happening in the Middle East and the carnage that comes over our television screens every evening, I cannot help but ask myself, what is wrong with humankind that we cannot stop the killing? Is the United States of America so strong militarily that it also cannot be strong morally and stand up and say to those involved, Cease fire? Cease fire on all sides, now, now. Would the world not stand with us? Why should the United States not just be silent but step away, step away for all the thousands and thousands and thousands of young people whose futures are being destroyed, whose countries are being leveled?

In the Palestinian Authority, in Israel, in Lebanon, I say to myself, what is it about human nature that makes us as creatures so marauding and so hateful and apparently so incapable of saying drop the bayonets, just for a day, just to see if peace is possible?

I am just appalled at what is happening. I look at our world, I look at all of its leaders, I look at all of our material wealth, all of the arms, the bunker-buster bombs that are on their way, and I say to myself, I thought the 20th century was the century of utter destruction and that we had finally contained those forces in the world that were so harmful to human life, and that when we turned the new page on the new millennium, we would usher in a millennium of peace, and now this.

□ 1645

I would urge the President of the United States to not just look at the military side of the equation but to deeply consider both political and diplomatic efforts, initially through back channels. No country should be isolated, whether it is Lebanon or Syria, or Jordan or Iran. Because out of isolation, even in a marriage, comes an icy standoff and no resolution. It is no different with countries. You cannot have that kind of icy standoff and think the world will be at peace.

I can tell you that the southern part of Lebanon that is the object of the invasion right now is an area where development was not allowed to occur, where the west literally backed away and allowed the forces of Hezbollah to gain greater and greater footing. And we are yielding the policies of isolation that allowed this to occur.

So I would say to my colleagues, I would say to people of good conscience everywhere, now is the time to stand up to stop the killing on all sides in a part of the world where the soils are blood drenched from Bethlehem to Gaza to northern Israel, and Haifa now, to southern Lebanon again. Haven't we had enough of killing one another?

I would urge the Secretary of State, the President of the United States, the Members of this Congress who are going to be leaving Washington tomorrow in this House and I guess next week in the other body, to devote your August to thinking how we can all be voices to stop the killing and to call for a ceasefire on all sides for the sake of the world. Surely we are destroying a part of the earth that will take generations to restore, and we every day are watching young people and innocence killed by the hundreds and thousands. Can't the world do better than this?

I think about the drawing of the little boy looking out the window at a beautiful sky and apple trees with the bayonets walking by.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland (Mr. GILCHREST) is recognized for 5 minutes.

(Mr. GILCHREST addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### U.N. OIL FOR FOOD SCANDAL

Mr. GARRETT of New Jersey. Mr. Speaker, I ask unanimous consent to address the House for 5 minutes.

The SPEAKER pro tempore. Without objection, the gentleman from New Jersey is recognized for 5 minutes.

There was no objection.

Mr. GARRETT of New Jersey. Mr. Speaker, recently in a Manhattan Federal Court, we saw the first conviction worldwide in the Iraqi Oil-for-Food scandal. Billions of dollars illicitly passed between one of the world's most notorious dictators, Saddam Hussein, over 2,200 companies worldwide, and top officials of the U.N. Now, more than 3 years after the scandal was brought to light, Tongsun Park, a Korean national, is now the only individual who has been tried for those gross crimes.

Mr. Park is a familiar player in the game of corruption, having been heavily involved in the 1970s Congressional bribery scandal known as Koreagate. In that case, he saved himself from prison by turning States evidence, but instead of taking this near miss as a lesson, 20

years later, he became involved again in a decidedly more devious scheme that kept a murderous dictator living in high style with his millions of dollars from Saddam Hussein to take care of his "expenses" and his "people," as he called them.

During this time that he was on Saddam Hussein's payroll, Park met 20 times with U.N. Secretary General Boutros-Ghali at his personal residence. Apparently, despite his corrupt past, his friendship and guidance were sought by Boutros-Ghali and his Under Secretary, Maurice Strong.

The Oil-for-Food program was the brain child of Boutros-Ghali and Strong. And shortly before the program was finalized, Strong took nearly \$1 million from Park. A payment that Strong forgot until he was shown the check. Mr. Strong went on to serve Kofi Annan in a high-ranking capacity as his personal envoy to the Korean peninsula, where he was advised on North Korean issues by Park.

In all likelihood, Park, at 71 years of age, will serve extensive prison time for his crimes. Further trials for his co-conspirators are scheduled for this November.

Unfortunately, the U.N. continues to protect some of the most egregious offenders, including Oil-for-Food Director Ben Sevan, who allegedly took some \$147,000 in payoffs. Sevan has claimed that he is innocent, but he has fled to Cyprus to avoid extradition. The innocent defend themselves in the court of public opinion or the court of law, but Mr. Sevan, instead, chooses to hide, living off his illicit gains.

Hundreds of other individuals inside and outside the U.N. were involved in the kickbacks and payoffs of the Oil-for-Food scandal, so I applaud the work of the Federal prosecutors who will continue to bring down indictments, but they need full cooperation of the U.N. if they are to bring justice to those individuals who contributed to Saddam Hussein's reign of terror.

Now, despite the fact that the corruption reached the highest levels of the U.N., the U.N. has yet to take up important reforms that would prevent such problems in the future. Reform, though badly needed throughout this organization, has been stalled by a group of countries that include some of the worst human rights offenders in the world, those who daily ignore the lofty goals of the U.N. If the U.N. is to fulfill its mandate to be an organization that promotes peace, freedom, and prosperity, then it must set an example of clean ethnics and not of dirty corruption that keeps men and women around the world in poverty and slavery.

The Oil-for-Food scandal completely undermined the work of the sanctions against Iraq and provided the means that, in all likelihood, continue to fuel the work of terrorists in Iraq. There must be justice for Saddam's victims, and the U.N. should not stand in the way of that justice being administered.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. EMANUEL) is recognized for 5 minutes.

(Mr. EMANUEL addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### OIL COMPANIES REPORT RECORD PROFITS

Mr. DEFAZIO. Mr. Speaker, I ask unanimous consent to replace Mr. EMANUEL.

The SPEAKER pro tempore. Without objection, the gentleman from Oregon is recognized for 5 minutes.

There was no objection.

Mr. DEFAZIO. Well, today was a big day on Wall Street. The oil companies, the three biggest oil companies, have reported record profits. They are up an average of 30 percent over this quarter last year. They are making \$200 million a day in profit.

Now, you would think if the price of crude oil went up, it might squeeze their margins a little bit. No, they are working hand in glove with OPEC and the other producers around the world, and they actually get a premium. For every dollar a barrel it goes up, they add on a little bit more at the pump.

They have closed down a large number of refineries across America at the recommendation of the American Petroleum Institute. They had a memo 10 years ago that they sent out to all their members in the oil industry saying there are too many refineries; the profits aren't there. If you close down some of these refineries, you could claim there was insufficient capacity and you could drive up your profits dramatically.

In the last year, profits for refineries are up 60 percent in 1 year. Now, that is \$200 million a day out of the pockets of American consumers, American business, stifling our economy, causing families to cancel vacations or change their plans, and people are having a hard time filling up their tank that live in rural areas in my district just to get to work.

But the oil company execs and their stockholders, why, they are doing just fine. Exxon Mobil has so much cash on hand they don't know what to do with it; over \$20 billion of cash. They are not investing in new production, new sources of energy, or new refineries. Hey, they like it the way it is with the so-called refinery shortage. It is a good excuse to gouge people at the pump.

No, they are just plowing it back into their execs pockets and hanging onto cash and then buying back stock to drive up the value of their stock options. The recently retired CEO of Exxon Mobil, Lee Raymond, just retired a couple of months ago, they gave him a \$400 million retirement. And now, Mr. Raymond, Americans are struggling to fill up their gas tanks; right? It is hard to afford 50 bucks if you are driving an SUV.

But Mr. Raymond, well, he isn't too worried about that. He is out buying

oil fields and gas fields in the Middle East and in Africa. An individual, one guy, got so much money from ExxonMobil from them bleeding extortionate profits out of the American people, that he can afford to buy his own oil and gas fields. And certainly, I am sure, he will sell the capacity to his former employer, ExxonMobil, who will then mark it up handsomely, and they all come out ahead. The only losers are the American consumers.

We need both a short-term and a long-term plan. We need a short-term plan to stop the profiteering and price gouging. We need to regulate oil trading like we do other commodities. We need to put a windfall tax on these companies unless they are investing their ill-gotten gains, their excess profits in new refinery capacity, in new production, and in alternate fuels.

And then we need a long-term plan to make America energy independent and energy efficient. The so-called Bush energy plan will have us importing more oil from the Middle East. Imagine that, more oil from the Middle East 10 years from today than we are today. That is a great place to be dependent upon.

The Iranians are profiting tens of billions of dollars from these high prices. Aren't they part of the axis of evil? The Bush policy is facilitating billions of dollars to the mullahs in Iran.

It is time for America to get smart, and it is time for our government to lead the way to energy efficiency, energy independence, and clamp down on big oil. But we know that won't happen, because 85 percent of the contributions of the oil and gas industry went to the Republican Party. And they were incredibly generous to the President in his last election. And, of course, both he and DICK CHENEY are from that industry.

But with a change in Congress and a change in direction, all those things could happen here and, hopefully, they will, in the interest of our country and not a treasured few of the President's friends.

#### CHANGING THE DEPARTMENT OF THE NAVY

Mr. JONES of North Carolina. Mr. Speaker, I ask unanimous consent that I might speak for 5 minutes.

The SPEAKER pro tempore. Without objection, the gentleman from North Carolina is recognized for 5 minutes.

There was no objection.

Mr. JONES of North Carolina. Mr. Speaker, I have the privilege of representing Camp Lejeune Marine Base and also Cherry Point Marine Air Station, and for 3 years this House of Representatives, in a bipartisan way, has offered and accepted and passed legislation that would create the opportunity to rename the Department of Navy to be Navy and Marine Corps.

I do not need to speak today on the history of the great Marine Corps, just like the United States Army, the United States Navy, and the United

States Air Force, but, Mr. Speaker, I will say that I am hoping this year in the conference between the House and the Senate that the Senate will accept the House position.

Let me just take a couple of moments to read a comment. Again, this bill has been introduced for 3 years and the bill number has changed for 3 years, but this statement I want to read is from the Honorable Wade Sanders, Deputy Assistant Secretary of the Navy for Reserve Affairs from 1993–1998. This is what the Honorable Wade Sanders said.

“As a combat veteran and former Naval officer, I understand the importance of the team dynamic, and the importance of recognizing the contribution of team components. The Navy and Marine Corps team is just that, a dynamic partnership, and it is important to symbolically recognize the balance of that partnership.”

Mr. Speaker, there has been an Internet site that has been established, not by me or by my office, but by an independent entity. Today, I went on that Internet site and I want to read, again for the record, a statement from First Lieutenant Marine Corps Retired General Merna.

He said, “I am one of five brothers who served in the military: Three Marines, all Korean War veterans; I am also a Vietnam veteran; two Navy brothers, one a Korean War veteran and the other paid the supreme sacrifice in World War II when his LST-577 was sunk by a Japanese submarine. Our uncle was a World War II Marine, and even our Dad spent a brief time in the Army Air Corps in World War II. It may be difficult for non-Marine families to understand why this long overdue legislation is such a burning issue for Marines; it is of paramount interest to our community of Marines.

The reasoning for this legislation comes close to explaining why this needs to be done. Simply put, Marines have earned the right to their own identity, while loving and recognizing our brothers and sisters in arms from all of the military services who already have this distinction.”

The point that he was making is, if you think about it, we have a Department of Army and a Secretary of Army. Think about it, we have a Department of the Air Force with a Secretary of the Air Force. You think about the Department of Navy, which the Navy and the Marines are a team, and yet it is a Department of Navy and a Secretary of Navy.

Mr. Speaker, I have to my left orders for a citation of a Silver Star for a Marine that was killed in Nasiriyah during this war in Iraq.

□ 1700

And it is so ironic to me that this Marine, who gave his life for this country, when his family received the letter from the Secretary of the Navy, what does it say at the top, Mr. Speaker, but the Secretary of the Navy, Washington,

D.C., with the Navy flag, recognizing that Michael Bitz gave his life for this country and that Michael Bitz was a Marine, a proud Marine.

Mr. Speaker, what we are trying to do in this House of Representatives, in a bipartisan way, is to say that this is a partnership and has been for the history of the Navy and Marine Corps, and that both should be recognized equally as a team.

And I bring to the floor again to show you what could happen, and would happen if Michael Bitz's family had received this citation of his bravery in Iraq, and that we had a Department of Navy and Marine Corps, what you would have, Mr. Speaker, and what it says here is, the Secretary of the Navy and Marine Corps, and it has the Navy flag and it has the Marine flag. That is what we are trying to do in this House of Representatives is to pay respect to the team. The team is a Navy and Marine Corps team. And I hope that the Senate this year, after 3 years will accept the House position.

Mr. Speaker, with that, before I yield back my time, I want to please ask God to bless our men and women in uniform, to please bless the families of our men and women in uniform, and to ask God to continue to bless America.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. PALLONE) is recognized for 5 minutes.

(Mr. PALLONE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### COST OF THE OCCUPATION OF IRAQ

Mr. FARR. Mr. Speaker, I ask unanimous consent to speak out of order.

The SPEAKER pro tempore (Mr. KUHLMAN of New York). Without objection, the gentleman from California is recognized for 5 minutes.

There was no objection.

Mr. FARR. Mr. Speaker, I rise tonight because in a moment, we are going to have a historical presentation here on the House floor. It is the 165th time that there has been a consistent voice about getting our troops out of Iraq and ending the war in Iraq. And I know that the voice of the distinguished colleague from California, LYNN WOOLSEY, is being listened to because, eventually, we are going to follow her advice. It is just a question of when. I hope it is not going to take another 165 days.

I would like it yield the remainder of my time to the distinguished Congresswoman representing Marin and Sonoma Counties in California for her 165th presentation on the House floor on this issue.

Ms. WOOLSEY. Mr. Speaker, I would like to thank my colleague. Thank you, Congressman FARR, for those nice words and for standing here with me this evening.

Mr. Speaker, tonight I come to the floor again, for the 165th time, to discuss the costs of the occupation of Iraq. Unfortunately, we all know too well the human cost of the occupation. More than 2,550 of our brave fighting men and women have died. Nearly 100 Iraqi civilians are killed every day.

One might be able to justify these losses if the cause were justified, if Americans were safer because of our action in Iraq. Instead, the architect of the September 11 attacks, Osama Bin Laden, is still at large. The Middle East is literally going up in flames. Terrorism is increasing throughout the world.

And when we turn our eyes home to America, we see so many squandered opportunities as a result of the Iraq occupation. If we hadn't been spending nearly \$.5 trillion in Iraq, just think of what we could have done to strengthen our economy and our very own people. Think of the investments we could have made in our future right here at home.

Think about the unmet needs of our children. For the cost of 15 days of the Iraq occupation, we could immunize every child in the United States against serious childhood diseases with all recommended vaccines for the cost of \$4 billion.

For the cost of almost 2 months of the occupation in Iraq, we could hire 460,000 teachers across America to lower average class sizes to 18 students, at the cost of \$15 billion.

For the cost of just over 2 months of the occupation of Iraq, we could provide basic health insurance to every American child currently making due without coverage. That cost would be \$17 billion.

For the cost of little more than 2 months of the occupation of Iraq, we could pay 1 year of tuition and fees at a 4-year public university for the 3 million high school seniors who graduated this spring.

For the cost of just over 5 months of the occupation of Iraq, this could provide a 20 percent pay raise to 3 million public school teachers.

Mr. Speaker, when will we learn?

Congress, over my objections and those of many of my colleagues, gave the President the authorization to go to war. We did not give him permission to occupy Iraq, nor did we give him permission to neglect American children and jeopardize their future.

It is time to bring our troops home from Iraq. It is time to focus on the education and health care of our Nation's children. The Congress can do this by passing my legislation, H.R. 5875, a bill to repeal the President's Iraq war powers. Tonight, I urge my colleagues to cosponsor this legislation. And I urge the leadership to consider this bill before we head home for the August break, before one more penny is wasted on occupying Iraq.

The SPEAKER pro tempore. Under a previous order of the House, the gen-

tleman from California (Mr. GEORGE MILLER) is recognized for 5 minutes.

(Mr. GEORGE MILLER of California addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### RECOGNIZING MR. JONATHAN STRICKLAND

Ms. MILLENDER-MCDONALD. Mr. Speaker, I ask unanimous consent to speak out of order.

The SPEAKER pro tempore. Without objection, the gentleman from California is recognized for 5 minutes.

There was no objection.

Ms. MILLENDER-MCDONALD. Mr. Speaker, today I rise to recognize an intelligent, gifted and courageous young man, Jonathan Strickland, who is a 14-year-old African American California resident who began his training to fly airplanes and helicopters at the age of 10 at Tomorrow's Aeronautical Museum. This museum is located in my district at the Compton Woodley Airport in Compton, California, and is a nonprofit organization that strives to give adolescents the opportunity to reach their goal of flight. All program participants are able to receive free training, as long as they perform local community service. The museum director and an accomplished flight instructor, Robin Petgrave, saw fit to create this program that would serve youth in poverty stricken neighborhoods and provide them with a positive alternative away from the streets.

Jonathan Strickland has clearly benefited from Tomorrow's Aeronautical Museum. I am proud to recognize his incredible achievements. He broke four world records in June, including being the youngest person to solo both a plane and a helicopter on the same day, being the youngest African American to solo a helicopter, and to fly a helicopter internationally. He also flew a helicopter round trip internationally.

On July 1, 2006, Jonathan successfully landed back at Compton Woodley Airport and was greeted by his family, friends, the Compton Mayor Perrodin, well wishers, the media, as well as the original members of the Tuskegee Airmen. He was also presented with an application for future employment with the Los Angeles County Fire Department Operations Division.

Ambitious and brave, Jonathan Strickland was able to live his dream because of Tomorrow's Aeronautical Museum. I am proud that this wonderful program is in my Congressional district, and that it is changing young people's lives and creating ways for them to reach their potential and excel.

Jonathan's future goals include becoming a test pilot, attending the Air Force Academy, and eventually becoming a commercial pilot. And as already a world record setter, I am confident that he will surpass every goal he sets for himself.

He has recently graduated from St. Francis Cabrini School, and will enter

Cleveland High School as a freshman in September of 2006. I am anxious to see what records he will set and break as a high school student.

I join with his family, friends, his community, his supporters, and the Nation who are rightfully very proud of his accomplishments and have recognized him for his outstanding achievements.

The President has also received a letter outlining those achievements. We are extremely proud of this young man.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. BROWN) is recognized for 5 minutes.

(Mr. BROWN of Ohio addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. SCHIFF) is recognized for 5 minutes.

(Mr. SCHIFF addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mr. WEINER) is recognized for 5 minutes.

(Mr. WEINER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. FILNER) is recognized for 5 minutes.

(Mr. FILNER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. McDERMOTT) is recognized for 5 minutes.

(Mr. McDERMOTT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### HOUSE BILLS AND JOINT RESOLUTIONS APPROVED BY THE PRESIDENT

The President notified the Clerk of the House that on the following dates he had approved and signed bills and joint resolutions of the following titles:

May 12, 2006:

H.R. 3351. An Act to make technical corrections to laws relating to Native Americans, and for other purposes.

May 17, 2006:

H.R. 4297. An Act to provide for reconciliation pursuant to section 201(b) of the concurrent resolution on the budget for fiscal year 2006.

May 18, 2006:

H.J. Res. 83. A joint resolution to memorialize and honor the contribution of Chief Justice William H. Rehnquist.

May 29, 2006:

H.R. 1499. An Act to amend the Internal Revenue Code of 1986 to allow members of

the Armed Forces serving in a combat zone to make contributions to their individual retirement plans even if the compensation on which such contribution is based is excluded from gross income.

H.R. 5037. An Act to amend titles 38 and 18, United States Code, to prohibit certain demonstrations at cemeteries under the control of the National Cemetery Administration and at Arlington National Cemetery, and for other purposes.

June 15, 2006:

H.R. 1953. An Act to require the Secretary of the Treasury to mint coins in commemoration of the Old Mint at San Francisco, otherwise known as the "Granite Lady", and for other purposes.

H.R. 3829. An Act to designate the Department of Veterans Affairs Medical Center in Muskogee, Oklahoma, as the Jack C. Montgomery Department of Veterans Affairs Medical Center.

H.R. 4939. An Act making emergency supplemental appropriations for the fiscal year ending September 30, 2006, and for other purposes.

H.R. 5401. An Act to amend section 308 of the Lewis and Clark Expedition Bicentennial Commemorative Coin Act to make certain clarifying and technical amendments.

June 30, 2006:

H.R. 5603. An Act to temporarily extend the programs under the Higher Education Act of 1965, and for other purposes.

July 3, 2006:

H.R. 5403. An Act to improve protections for children and to hold States accountable for the safe and timely placement of children across State lines, and for other purposes.

July 10, 2006:

H.R. 4912. An Act to amend section 242 of the National Housing Act to extend the exemption for critical access hospitals under the FHA program for mortgage insurance for hospitals.

July 11, 2006:

H.R. 889. An Act to authorize appropriations for the Coast Guard for fiscal year 2006, to make technical corrections to various laws administered by the Coast Guard, and for other purposes.

July 24, 2006:

H.R. 42. An Act to ensure that the right of an individual to display the flag of the United States on residential property not be abridged.

#### SENATE BILLS AND JOINT RESOLUTIONS APPROVED BY THE PRESIDENT

The President notified the Clerk of the House that on the following dates he had approved and signed bills and joint resolutions of the Senate of the following titles:

May 5, 2006:

S. 592. An Act to amend the Irrigation Project Contract Extension Act of 1998 to extend certain contracts between the Bureau of Reclamation and certain irrigation water contractors in the States of Wyoming and Nebraska.

S.J. Res. 28. A joint resolution approving the location of the commemorative work in the District of Columbia honoring former President Dwight D. Eisenhower.

May 12, 2006:

S. 584. An Act to require the Secretary of the Interior to allow the continued occupancy and use of certain land and improvements within Rocky Mountain National Park.

May 18, 2006:

S. 1382. An Act to require the Secretary of the Interior to accept the conveyance of cer-

tain land, to be held in trust for the benefit of the Puyallup Indian tribe.

May 25, 2006:

S. 1165. An Act to provide for the expansion of the James Campbell National Wildlife Refuge, Honolulu County, Hawaii.

S. 1869. An Act to reauthorize the Coastal Barrier Resources Act, and for other purposes.

May 31, 2006:

S. 1736. An Act to provide for the participation of employees in the judicial branch in the Federal leave transfer program for disasters and emergencies.

June 15, 2006:

S. 193. An Act to increase the penalties for violations by television and radio broadcasters of the prohibitions against transmission of obscene, indecent, and profane language.

S. 1235. An Act to amend title 38, United States Code, to improve and extend housing, insurance, outreach, and benefits programs provided under the laws administered by the Secretary of Veterans Affairs, to improve and extend employment programs for veterans under laws administered by the Secretary of Labor, and for other purposes.

S. 2803. An Act to amend the Federal Mine Safety and Health Act of 1977 to improve the safety of mines and mining.

June 23, 2006:

S. 1445. An Act to designate the facility of the United States Postal Service located at 520 Colorado Avenue in Arriba, Colorado, as the "William H. Emery Post Office".

July 19, 2006:

S. 3504. An Act to amend the Public Health Service Act to prohibit the solicitation or acceptance of tissue from fetuses gestated for research purposes, and for other purposes.

July 25, 2006:

S.J. Res. 40. A joint resolution authorizing the printing and binding of a supplement to, and revised edition of, Senate Procedure.

July 26, 2006:

S. 655. An Act to amend the Public Health Service Act with respect to the National Foundation for the Centers for Disease Control and Prevention.

#### LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. CROWLEY (at the request of Ms. PELOSI) for today after noon and the balance of the week.

Mr. SALAZAR (at the request of Ms. PELOSI) for today after 4:00 p.m. and the balance of the week on account of attending a funeral.

Mrs. JO ANN DAVIS of Virginia (at the request of Mr. BOEHNER) for today and the balance of the week on account of personal reasons.

#### SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Ms. WOOLSEY) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Mr. EMANUEL, for 5 minutes, today.

Mr. PALLONE, for 5 minutes, today.

Mr. GEORGE MILLER of California, for 5 minutes, today.

Mr. BROWN of Ohio, for 5 minutes, today.

Mr. SCHIFF, for 5 minutes, today.

Mr. WEINER, for 5 minutes, today.

Ms. MILLENDER-McDONALD, for 5 minutes, today.

Mr. FILNER, for 5 minutes, today.

Mr. McDERMOTT, for 5 minutes, today.

(The following Member (at the request of Mr. PEARCE) to revise and extend his remarks and include extraneous material:)

Mr. GILCHREST, for 5 minutes, today.

(The following Members (at their own request) to revise and extend their remarks and include extraneous material:)

Mr. GINGREY, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. GARRETT of New Jersey, for 5 minutes, today.

Mr. JONES of North Carolina, for 5 minutes, today.

Mr. FARR, for 5 minutes, today.

#### ADJOURNMENT

Ms. MILLENDER-McDONALD. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 5 o'clock and 12 minutes p.m.), under its previous order, the House adjourned until tomorrow, Friday, July 28, 2006, at 10 a.m.

#### EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

8821. A letter from the Executive Director, Commodity Futures Trading Commission, transmitting the Commission's final rule — Recognition of Multilateral Clearing Organizations—received July 19, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

8822. A letter from the Executive Director, Commodity Futures Trading Commission, transmitting the Commission's final rule — Market and Large Trader Reporting (RIN: 3038-AC22) received July 19, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

8823. A letter from the Director, Regulatory Review Group, Department of Agriculture, transmitting the Department's final rule — Regulations Regarding Employee Conflicts of Interest (RIN: 0560-AH57) received July 19, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

8824. A letter from the Congressional Review Coordinator, APHIS, Department of Agriculture, transmitting the Department's final rule — Gypsy Moth; Regulated Articles [Docket No. 00-067-2] (RIN: 0579-AB55) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

8825. A letter from the Congressional Review Coordinator, APHIS, Department of Agriculture, transmitting the Department's final rule — Asian Longhorned Beetle; Removal of Quarantined Area in Illinois [Docket No. APHIS-2006-0105] received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

8826. A letter from the Chief, Program Analysis and Monitoring Board, Department

of Agriculture, transmitting the Department's final rule — Child Nutrition Programs: Uniform Federal Assistance Regulations; Nondiscretionary Technical Amendments (RIN: 0584-AD16) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

8827. A letter from the Congressional Review Coordinator, APHIS, Department of Agriculture, transmitting the Department's final rule — Brucellosis in Cattle; State and Area Classifications; Idaho [Docket No. APHIS-2006-0001] received July 6, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

8828. A letter from the Congressional Review Coordinator, APHIS, Department of Agriculture, transmitting the Department's final rule — Imported Fire Ant; Addition of Counties in Arkansas and Tennessee to the List of Quarantines Areas [Docket No. APHIS-2006-0080] received July 26, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

8829. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule—2-Propenoic Acid, 2-Methyl, Polymer with Butyl 2-Propenoate, Methyl 2-Methyl-2-Propenoate, Methyl 2-Propenoate and 2-Propenoic Acid, Graft, Compound with 2-Amino-2-Methyl-1-Propanol; Tolerance Exemption [EPA-HQ-OPP-2006-0555; FRL-8077-4] received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

8830. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — 2-Propenoic, 2-Methyl, Polymers with Ethyl Acrylate and Polyethylene Glycol Methacrylate C 18-22 Alkyl Ethers; Tolerance Exemption [EPA-HQ-OPP-2006-0550; FRL-8078-3] received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

8831. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Butene, Homopolymer; Tolerance Exemption [EPA-HQ-OPP-2006-0552; FRL-8075-8] received July 20, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

8832. A letter from the Chairman, Defense Nuclear Facilities Safety Board, transmitting the Board's Report to Congress on the Plutonium Storage at the Department of Energy's Savannah River Site, pursuant to Public Law 107-314, section 3183; to the Committee on Armed Services.

8833. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement; Types of Contracts [DFARS Case 2003-D078] received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

8834. A letter from the Chairman, Board of Governors of the Federal Reserve System, transmitting the Board's semiannual Monetary Policy Report pursuant to Pub. L. 106-569; to the Committee on Financial Services.

8835. A letter from the Secretary, Division of Market Regulation, Securities and Exchange Commission, transmitting the Commission's final rule — Commission Guidance Regarding Client Commission Practices Under Section 28(e) of the Securities Exchange Act of 1934 [Release No. 34-54165; File No. S7-13-06] received July 20, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

8836. A letter from the Assistant Secretary, Employee Benefits Security Administration, Department of Labor, transmitting the De-

partment's final rule — Electronic Filing of Annual Reports (RIN: 1210-AB04) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and the Workforce.

8837. A letter from the Secretary, Department of Energy, transmitting the Department's Annual Report for the Strategic Petroleum Reserve, covering calendar year 2005, pursuant to 42 U.S.C. 6245(a); to the Committee on Energy and Commerce.

8838. A letter from the Secretary, Department of Energy, transmitting a copy of draft legislation to extend the authorization for the Federal contribution to the Uranium Enrichment Decontamination and Decommissioning (UED&D) Fund; to the Committee on Energy and Commerce.

8839. A letter from the Attorney, Office of Assistant General Counsel for Legislation and Regulatory Law, Department of Energy, transmitting the Department's final rule — Computer Security; Access to Information on Department of Energy Computers and Computer Systems (RIN: 1992-AA27) received July 20, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

8840. A letter from the Regulations Coordinator, Department of Health and Human Services, transmitting the Department's final rule — National Institutes of Health Training Grants (RIN: 0925-AA28) received July 26, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

8841. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — National Perchloroethylene Air Emission Standards for Dry Cleaning Facilities [EPA-HQ-OAR-2005-0155; FRL-8200-2] (RIN: 2060-AK18) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

8842. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; New York Ozone State Implementation Plan Revision; [Docket No. EPA-R02-OAR-2006-0303, FRL-8191-3] received July 20, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

8843. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Protection of Stratospheric Ozone; Minor Amendments to the Regulations Implementing the Allowance System for Controlling HCFC Protection, Import, and Export [EPA-HQ-OAR-2003-0130] (RIN: 2060-AL90) received July 20, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

8844. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Tennessee; Update to Materials Incorporated by Reference [TN-200602; FRL-8197-2] received July 20, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

8845. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — National Emission Standards for Hazardous Air Pollutants: Organic Liquids Distribution (Non-Gasoline) [EPA-HQ-OAR-2003-0138; FRL-8202-4] (RIN: 2060-AM77) received July 20, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

8846. A letter from the General Counsel, Federal Energy Regulatory Commission,

transmitting the Commission's final rule — Promoting Transmission Investment through Pricing Reform [Docket No. RM06-4-000; Order No. 679] received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

8847. A letter from the Director, International Cooperation, Department of Defense, transmitting Pursuant to Section 27(f) of the Arms Export Control Act and Section 1(f) of Executive Order 11958, Transmittal No. 18-06 informing of an intent to sign the C-130J Block 7, 8, and 9 Upgrade Project Arrangement with Australia, Denmark, Italy, and the United Kingdom; to the Committee on International Relations.

8848. A letter from the Director, International Cooperation, Department of State, transmitting Pursuant to Section 27(f) of the Arms Export Control Act and Section 1(f) of Executive Order 11958, Transmittal No. 17-06 informing of an intent to sign the Research, Development, Test and Evaluation Memorandum of Agreement (MOA) between the United States and Italy; to the Committee on International Relations.

8849. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting notification that effective April 16, 2006, the 15% Danger Pay Allowance for Sarajevo, Bosnia-Herzegovina was terminated based on improved security conditions, pursuant to 5 U.S.C. 5928; to the Committee on International Relations.

8850. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting pursuant to section 36(c) of the Arms Export Control Act, certification regarding the proposed license for the export of defense articles and services to the Government of the United Kingdom (Transmittal No. DDTC 010-06); to the Committee on International Relations.

8851. A letter from the Secretary, Department of Transportation, transmitting the Semiannual Report of the Office of Inspector General for the period ending March 31, 2006, pursuant to 5 U.S.C. app. (Insp. Gen. Act) section 5(b); to the Committee on Government Reform.

8852. A letter from the Chief Human Capital Officer, Corporation for National & Community Service, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Government Reform.

8853. A letter from the Assistant Director, Executive & Political Personnel, Department of Defense, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Government Reform.

8854. A letter from the Assistant Director, Executive & Political Personnel, Department of Defense, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Government Reform.

8855. A letter from the General Counsel, Department of Housing and Urban Development, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Government Reform.

8856. A letter from the Special Assistant to the Secretary, White House Liaison, Department of Veterans Affairs, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Government Reform.

8857. A letter from the Special Assistant to the Secretary, White House Liaison, Department of Veterans Affairs, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Government Reform.

8858. A letter from the Director, Strategic Human Resources Policy Division, Office of Personnel Management, transmitting the Of-

fice's final rule — Implementation of Title II of the Notification and Federal Employee Antidiscrimination and Reallocation Act of 2002 — Notification & Training (RIN: 3206-AK38) received July 25, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Government Reform.

8859. A letter from the Under Secretary for Oceans and Atmosphere, Department of Commerce, transmitting the Department's report regarding the activities of the Northwest Atlantic Fisheries Organization for 2005, pursuant to 16 U.S.C. 5601 et. seq.; to the Committee on Resources.

8860. A letter from the Director, Minerals Management Service, Department of the Interior, transmitting the Department's final rule — Oil, Gas, and Sulfur Operations and Leasing in the Outer Continental Shelf (OCS) — Recovery of Costs Related to the Regulation of Oil and Gas Activities on the OCS (RIN: 1010-AD23) received July 19, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Resources.

8861. A letter from the Assistant Administrator for Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Pacific Halibut Fisheries; Guideline Harvest Levels for the Guided Recreational Halibut Fishery; Correction [Docket No. 060215036-6178-02, I.D. 101501A] (RIN: 0648-AU30) received July 27, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Resources.

8862. A letter from the Deputy Assistant Administrator for Operations, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries Off West Coast States; Coastal Pelagic Species Fisheries; Annual Specifications [Docket No. 30109004-6164-02; I.D. 010406E] (RIN: 0648-AT76) received July 27, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Resources.

8863. A letter from the Deputy Assistant Administrator for Regulatory Programs, NMFS, National Oceanic and Atmospheric Administration, transmitting the Agency's final rule — Fisheries of the Northeastern United States; Final 2006-2008 Specifications for the Spiny Dogfish Fishery [Docket No. 060418103-6181-02; I.D. 040706F] (RIN: 0648-AT59) received July 27, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Resources.

8864. A letter from the Staff Director, United States Sentencing Commission, transmitting a copy of the 2005 Annual Report and Sourcebook of Federal Sentencing Statistics, pursuant to 28 U.S.C. 994(w)(3); to the Committee on the Judiciary.

8865. A letter from the Assistant Secretary for the Army for Civil Works, Department of Defense, transmitting a legislative proposal regarding the financing of a capital improvement project at the Washington Aqueduct drinking water facility in support of the President's Fiscal Year 2007 Budget; to the Committee on Transportation and Infrastructure.

8866. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Safety and Security Zones; Tall Ships Celebration 2006, Great Lakes, Cleveland, Ohio, Bay City, Michigan, Green Bay, Wisconsin, Sturgeon Bay, Wisconsin, Chicago, Illinois [CGD09-06-032] (RIN: 1625-AA00) received July 26, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8867. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Coast Guard Organization; Activities Europe [USCG-2006-24520] (RIN: 1625-AB03) received July 26, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8868. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Special Local Regulations for Marine Events; Chesapeake Bay, Cape Charles, VA [CGD05-06-036] (RIN: 1625-AA08) received July 26, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8869. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Special Local Regulations for Marine Events; Pamlico River, Washington, North Carolina [CGD05-06-033] (RIN: 1625-AA08) received July 26, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8870. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Special Local Regulations for Marine Events; Atlantic Ocean, Atlantic City, NJ [CGD05-06-037] (RIN: 1625-AA08) received July 26, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8871. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Special Local Regulations for Marine Events; Mill Creek, Fort Monroe, Hampton, Virginia [CGD05-06-025] (RIN: 1625-AA08) received July 26, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8872. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Drawbridge Operation Regulation; Broward County Bridges, Atlantic Intracoastal Waterway, Broward County, FL [CGD07-04-136] (RIN: 1625-AA09) received July 27, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8873. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Drawbridge Operation Regulations; Atlantic Intracoastal Waterway (AICW), Elizabeth River, Southern Branch, Virginia [CGD05-05-041] (RIN: 1625-AA09) received July 27, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8874. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Drawbridge Operation Regulations; James River, between Isle of Wight and Newport News, VA [CGD05-06-039] (RIN: 1625-AA09) received July 27, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8875. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Drawbridge Operation Regulations; Long Island, New York Inland Waterway from East Rockaway Inlet to Shinnecock Canal, Jones Beach, NY [CGD01-06-078] received July 27, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8876. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Drawbridge Operation Regulations; Long Island, New York Waterway from East Rockaway Inlet to Shinnecock Canal, Hempstead, NY [CGD01-06-077] received July 27, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.



8877. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Drawbridge Operation Regulations; Long Island, New York Inland Waterway from East Rockaway Inlet to Shinnecock Canal, Jones Beach, NY [CGD01-06-76] received July 27, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8878. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Drawbridge Operation Regulations; Potomac River, between Maryland and Virginia [CGD05-06-070] (RIN: 1625-AA09) received July 27, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8879. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Homeland Security, transmitting the Department's final rule — Drawbridge Operation Regulations; Potomac River, between Maryland and Virginia [CGD05-06-071] (RIN: 1625-AA09) received July 27, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8880. A letter from the Docket Clerk, FRA, Department of Transportation, transmitting the Department's final rule — Locomotive Crashworthiness [Docket No. FRA-2004-17645; Notice No. 3] (RIN: 2130-AB23) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8881. A letter from the Attorney, PHMSA, Department of Transportation, transmitting the Department's final rule — Hazardous Materials: Infectious Substances; Harmonization with the United Nations Recommendations [Docket No. PHMSA-2004-16895 (HM-226A)] (RIN: 2137-AD93) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8882. A letter from the Program Analyst, NHTSA, Department of Transportation, transmitting the Department's final rule — Motorcyclist Safety Grant Program [Docket No. NHTSA-2006-23700] (RIN: 2127-AJ86) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8883. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Standard Instrument Approach Procedures; Miscellaneous Amendments [Docket No. 30494; Amdt. No. 3167] received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8884. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Standard Instrument Approach Procedures; Weather Takeoff Minimums; Miscellaneous Amendments [Docket No. 30493; Amdt. No. 3166] received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8885. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — IFR Altitudes; Miscellaneous Amendments [Docket No. 30495; Amdt. No. 461] received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8886. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Amendment of Class D Airspace; Pompano Beach, FL; Amendment of Class D Airspace; Fort Lauderdale Executive Airport, FL [Docket No. FAA-2006-24424; Airspace Docket No. 06-ASO-6] received July 24, 2006, pursuant

to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8887. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Revision of Class E Airspace; Vandenberg AFB, CA [Docket No. FAA-2006-24064; Airspace Docket No. 06-AWP-3] (RIN: 2120-AA66) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8888. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Removal of Class D and E Airspace; Roosevelt Roads, PR Amendment of Class E Airspace; Isla de Vieques, PR [Docket No. FAA-2006-24391; Airspace Docket No. 06-ASO-5] received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8889. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Modification of Offshore Airspace Area; Control 1487L; AK [Docket No. FAA-2005-22024; Airspace Docket No. 06-AAL-08] (RIN: 2120-AA66) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8890. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Modification of Control 1234L Offshore Airspace Area; AK [Docket No. FAA-2006-23708; Airspace Docket No. 06-AAL-1] (RIN: 2120-AA66) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8891. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Amendment to Class E Airspace; Jackson, WY [Docket No. FAA-2005-22665; Airspace Docket No. 05-ANM-13] received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8892. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Modification of Class E Airspace; Wellington Municipal Airport, KS [Docket No. FAA-2006-24869; Airspace Docket No. 06-ACE-4] received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8893. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Revision of Class E Airspace; Herlong, CA [Docket No. FAA-2004-19684; Airspace Docket No. 04-ANM-24] received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8894. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Establishment of Offshore Airspace Area 1485L and Revision of Control 1485H; Barrow, AK [Docket No. FAA-2006-23872; Airspace Docket No. 06-AAL-9] (RIN: 2120-AA66) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8895. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Revocation of Low Altitude Reporting Point; AK [Docket No. FAA-2005-225010; Airspace Docket No. 06-AAL-17] (RIN: 2120-AA66) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8896. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Modification of Class E Airspace; Keokuk Munic-

ipal Airport, IA [Docket No. FAA-2006-25009; Airspace Docket No. 06-ACE-7] received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8897. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Modification of Class E Airspace; Scottsbluff, Western Nebraska Regional Airport/William B. Helig Field, NE [Docket No. FAA-2006-25007; Airspace Docket No. 06-ACE-5] received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8898. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Revision of Class E Airspace; Togiak Village, AK [Docket No. FAA-2006-23713; Airspace Docket No. 06-AAL-06] received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8899. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Modification of Legal Description of Class D and E Airspace; Fairbanks, Fort Wainwright Army Airfield, AK [Docket No. FAA-2006-24813; Airspace Docket No. 06-AAL-16] received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8900. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Revision of Class E Airspace; Huslia, AK [Docket No. FAA-2006-24004; Airspace Docket No. 06-AAL-13] received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8901. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Modification of Legal Description of Class D and E Airspace; Fairbanks, Fort Wainwright Army Airfield, AK [Docket No. FAA-2006-24813; Airspace Docket No. 06-AAL-16] received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8902. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Modification of VOR Federal Airways; and Establishment of Area Navigation Route; NC [Docket No. FAA-2006-24027; Airspace Docket No. 06-ASO-1] (RIN: 2120-AA66) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8903. A letter from the Attorney, Pipeline and Hazardous Materials Safety Administration, Department of Transportation, transmitting the Department's final rule — Hazardous Materials: Preemption Determinations; Procedural Regulations [Docket No. PHMSA-2006-24824] (RIN: 2137-AE18) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8904. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Establishment of Area Navigation Instrument Flight Rules Terminal Transition Route (RITTR); T-210; Jacksonville, FL [Docket No. FAA-2005-23436; Airspace Docket No. 05-ASO-10] (RIN: 2120-AA66) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8905. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Establishment of Area Navigation Instrument Flight Rules Terminal Transition Route (RITTR) T-210; Jacksonville, FL [Docket No.

FAA-2005-23436; Airspace Docket No. 05-ASO-10] (RIN: 2120-AA66) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8906. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Engine Components Inc. (ECI) Reciprocating Engine Cylinder Assemblies [Docket No. FAA-2005-22358; Directorate Identifier 2005-NE-20-AD; Amendment 39-14632; AD 2006-12-07] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8907. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Eurocopter France Model AS350B, BA, B1, B2, B3, C, D, and D1 Helicopters [Docket No. FAA-2006-23888; Directorate Identifier 2005-SW-03-AD; Amendment 39-14622; AD 2006-11-17] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8908. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Boeing Model 767-200 and -300 Series Airplanes [Docket No. FAA-2005-22488; Directorate Identifier 2005-NM-151-AD; Amendment 39-14637; AD 2006-11-19-R1] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8909. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus Model A300 B4 Series Airplanes; Model A300 B4-600 Series Airplanes; Model A300 C4-605R Variant F Airplanes; Model A310-200 Series Airplanes; and Model A310-300 Series Airplanes [Docket No. FAA-2006-24200; Directorate Identifier 2006-NM-012-AD; Amendment 39-14630; AD 2006-12-05] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8910. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Boeing Model 737-300, -400, -500, -700, and -800 Series Airplanes; Model 747-400 and -400F Series Airplanes; Model 757-200 Series Airplanes; Model 767-300 Series Airplanes; and Model 777-300 Series Airplanes Equipped with Certain Driessen or Showa Galleys or Driessen Closets [Docket No. FAA-2005-22628; Directorate Identifier 2005-NM-056-AD; Amendment 39-14631; AD 2006-12-06] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8911. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; DORNIER LUFTFAHRT GmbH Models 228-100, 228-101, 228-200, 228-201, 228-202, and 282-212 Airplanes [Docket No. FAA-2006-24095; Directorate Identifier 2006-CE-21-AD; Amendment 39-14624; AD 2006-11-19] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8912. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Pacific Aerospace Corporation Ltd. Model 750XL Airplanes [Docket No. FAA-2006-24081; Directorate Identifier 2006-CE-15-AD; Amendment 39-

14623; AD 2006-11-18] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8913. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Boeing Model 737-200C Series Airplanes [Docket No. FAA-2006-24245; Directorate Identifier 2005-NM-166-AD; Amendment 39-14643; AD 2006-12-17] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8914. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus Model A300 B2 and A300 B4 Series Airplanes; A300 B4-600, B4-600R, and F4-600R Series Airplanes; and Model C4-605R Variant F Airplanes (Collectively Called A300-600 Series Airplanes) [Docket No. FAA-2004-19002; Directorate Identifier 2003-NM-27-AD; Amendment 39-14639; AD 2006-12-13] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8915. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Empresa Brasileira del Aeronautica S.A. (EMBRAER) Model EMB-120, -120ER, -120FC, -120QC, and -120RT Airplanes [Docket No. FAA-2006-24076; Directorate Identifier 2006-NM-015-AD; Amendment 39-14640; AD 2006-12-14] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8916. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Hamilton Sundstrand Model 14RF-19 Propellers [Docket No. FAA-2005-21691; Directorate Identifier 2005-NE-13-AD; Amendment 39-14645; AD 2006-12-19] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8917. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Bombardier Model DHC-8-400 Series Airplanes [Docket No. FAA-2006-24365; Directorate Identifier 2006-NM-022-AD; Amendment 39-14641; AD 2006-12-15] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8918. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Boeing Model 747-100, 747-100B, 747-100B SUD, 747-200B, 747-200C, 747-300, 747-400, 747-400D, and 747SR Series Airplanes [Docket No. FAA-2006-24102; Directorate Identifier 2005-NM-244-AD; Amendment 39-14638; AD 2006-12-12] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8919. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus Model A300 B4-600R Series Airplanes, A300 C4-605R Variant F Airplanes, A300 F4-600R Series Airplanes; and Model A310-300 Series Airplanes [Docket No. FAA-2006-24103; Directorate Identifier 2005-NM-241-AD; Amendment 39-14625; AD 2006-12-01] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8920. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Air-

worthiness Directives; BAE Systems (Operations) Limited Model Bae 146 and Avro 146-RJ Airplanes [Docket No. FAA-2005-23284; Directorate Identifier 2005-NM-163-AD; Amendment 39-14634; AD 2006-12-09] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8921. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Boeing Model 747-400 Series Airplanes [Docket No. FAA-2005-23250; Directorate Identifier 2005-NM-150-AD; Amendment 39-14635; AD 2006-12-10] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8922. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Goodrich Evacuation Systems Approved Under Technical Standard Order (TSO) TSO-C69b and Installed on Airbus Model A330-200 and -300 Series Airplanes, Model A340-200 and -300 Series Airplanes, and Model A340-541 and -642 Airplanes [Docket No. FAA-2006-23890; Directorate Identifier 2005-NM-229-AD; Amendment 39-14633; AD 2006-12-08] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8923. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Boeing Model 737-600, -700, -700C, -800, and -900 Series Airplanes [Docket No. FAA-2005-20626; Directorate Identifier 2004-NM-243-AD; Amendment 39-14636; AD 2006-12-11] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8924. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Bombardier Model DHC-8-102, -103, -106, -201, -202, -301, -311, -314, and -315 Airplanes; Equipped with Certain Cockpit Door Installations [Docket No. FAA-2006-24411; Directorate Identifier 2006-NM-033-AD; Amendment 39-14642; AD 2006-12-16] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8925. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Goodrich Evacuation Systems Approved Under Technical Standard Order (TSO) TSO-C69b and Installed on Airbus Model A330-200 and -300 Series Airplanes, Model A340-200 and -300 Series Airplanes, and Model A340-541 and -642 Airplanes [Docket No. FAA-2006-23890; Directorate Identifier 2005-NM-229-AD; Amendment 39-14633; AD 2006-12-08] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8926. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Boeing Model 757-200 Series Airplanes Modified by Supplemental Type Certificate (STC) SA979NE [Docket No. FAA-2006-25175; Directorate Identifier 2006-NM-099-AD; Amendment 39-14670; AD 2006-13-17] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8927. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Bell Helicopter Textron Canada Model 222, 222B, 222U, 230, and

430 Helicopters [Docket No. FAA-2006-25098; Directorate Identifier 2006-SW-12-AD; Amendment 39-14667; AD 2006-13-14] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8928. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus Model A318, A319, A320, and A321 Airplanes [Docket No. FAA-2006-24949; Directorate Identifier 2006-NM-110-AD; Amendment 39-14626; AD 2006-12-02] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8929. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Boeing Model 737-100, -200, -200C, -300, -400, and -500 Series Airplanes [Docket No. FAA 2006-25030; Directorate Identifier 2006-NM-109-AD; Amendment 39-14649; AD 2006-12-23] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8930. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus Model A318, A319, A320, and A321 Airplanes [Docket No. FAA-2006-24949; Directorate Identifier 2006-NM-110-AD; Amendment 39-14626; AD 2006-12-02] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8931. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Raytheon Model HS.125 Series 700A and 700B Airplanes; Model BAe.125 Series 800A (including variants C-29A and U-125), 800B, 1000A, and 1000B Airplanes; and Hawker 800 (including variant U-125A), 800XP, and 1000 Airplanes [Docket No. FAA-2006-25011; Directorate Identifier 2006-NM-118-AD; Amendment 39-14646; AD 2006-12-20] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8932. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Eurocopter France Model EC130 B4 Helicopters [Docket No. FAA-2006-24807; Directorate Identifier 2005-SW-41-AD; Amendment 39-14603; AD 2006-10-19] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8933. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Eurocopter France Model AS355E, F, F1, F2, and N Helicopters [Docket No. 2003-SW-10-AD; Amendment 39-14621; AD 2003-21-09 R1] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8934. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Sikorsky Aircraft Corporation Model S-92A Helicopters [Docket No. FAA-2006-24875; Directorate Identifier 2006-SW-03-AD; Amendment 39-14618; AD 2006-11-14] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8935. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Air-

worthiness Directives; Gulfstream Aerospace LP Model Galaxy and Model Gulfstream 200 Airplanes [Docket No. FAA-2005-23478; Directorate Identifier 2005-NM-175-AD; Amendment 39-14602; AD 2006-10-18] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8936. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Honeywell International Inc. T5311A, T5311B, T5313B, T5317A, T5317A-1, and T5317B Series Turboshaft Engines and Lycoming Former Military T53-L-11B, T53-L-11D, T53-L-13B, T53-L-13B/D, and T53-L-703 Series Turboshaft Engines [Docket No. 98-ANE-72-AD; Amendment 39-14620; AD 2006-11-16] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8937. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Boeing Model 747 Airplanes [Docket No. FAA-2005-22510; Directorate Identifier 2004-NM-32-AD; Amendment 39-14600; AD 2006-10-16] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8938. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; McDonnell Douglas Model DC-9-10, DC-9-20, DC-9-30, DC-9-40, and DC-9-50 Series Airplanes; Model DC-9-81 (MD-81), DC-9-82, (MD-82), DC-9-83 (MD-83), and DC-9-87 (MD-87) Airplanes; Model MD-88 Airplanes; Model MD-90-30 Airplanes; and Model 717-200 Airplanes [Docket No. FAA-2005-22254; Directorate Identifier 2005-NM-001-AD; Amendment 39-14598; AD 2006-10-14] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8939. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; BAE Systems (Operations) Limited Model BAe 146 Airplanes and Model Avro 146-RJ Airplanes [Docket No. FAA-2005-23215; Directorate Identifier 2005-NM-212-AD; Amendment 39-14596; AD 2006-10-12] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8940. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Boeing Model 767-200, -300, and -300F Series Airplanes [Docket No. FAA-2005-22529; Directorate Identifier 2005-NM-099-AD; Amendment 39-14592; AD 2006-10-08] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8941. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Hamilton Sundstrand Model 14RF-9 Propellers [Docket No. FAA-2006-24517; Directorate Identifier 2006-NE-18-AD; Amendment 39-14591; AD 2006-10-07] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8942. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Boeing Model 747-200B, 747-200C, 747-200F, 747-300, 747-400, and 747SP Series Airplanes [Docket No. FAA-2006-23819; Directorate Identifier 2005-NM-223-AD; Amendment 39-14588; AD 2006-10-04] (RIN:

2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8943. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Saab Model SAAB-Fairchild SF340A (SAAB/SF340A) and SAAB 340B Airplanes [Docket No. FAA-2006-24075; Directorate Identifier 2005-NM-235-AD; Amendment 39-14589; AD 2006-10-05] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8944. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Bombardier Model CL-600-2B19 (Regional Jet Series 100 & 440) Airplanes [Docket No. FAA-2006-23936; Directorate Identifier 2005-NM-215-AD; Amendment 39-14590; AD 2006-10-06] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8945. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Pratt & Whitney Canada (PWC) PW535A Turboshaft Engines [Docket No. FAA-2006-24117; Directorate Identifier 2006-NE-07-AD; Amendment 39-14570; AD 2006-08-13] (RIN: 2120-AA64) received July 24, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

8946. A letter from the Chief, Regulations Mgt., Office of Regulation Policy T Mgt., Department of Veterans Affairs, transmitting the Department's final rule — Definition of Psychosis for Certain VA Purposes (RIN: 2900-AK21) received July 27, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Veterans Affairs.

8947. A letter from the Deputy Director, Regulations & Rulings Div., Alcohol & Tobacco Tax & Trade Bureau, Department of the Treasury, transmitting the Department's final rule — Expansion of the Livermore Valley Viticultural Area (2002R-202R) [T.D. TTB-47; Re: Notice No. 43] (RIN: 1513-AA54) received July 12, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

8948. A letter from the Director, Regulations and Rulings Division, Alcohol & Tobacco Tax & Trade Bureau, Department of the Treasury, transmitting the Department's final rule — Expansion of San Francisco Bay and Central Coast Viticultural Areas (2002R-202R) [T.D. TTB-48; Re: Notice No. 44] (RIN: 1513-AA55) received July 12, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

8949. A letter from the Director, Regulations and Rulings Division, Alcohol & Tobacco Tax & Trade Bureau, Department of the Treasury, transmitting the Department's final rule — Realignment of the Santa Lucia Highlands and Arroyo Seco Viticultural Areas (2003R-083R) [T.D. TTB-49; Re: Notice No. 29 and 35] (RIN: 1513-AA72) received July 12, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

8950. A letter from the Director, Regulations and Rulings Division, Alcohol & Tobacco Tax & Trade Bureau, Department of the Treasury, transmitting the Department's final rule — Establishment of the Saddle Rock-Malibu Viticultural Area (2003R-110P) [T.D. TTB-52; Re: Notice No. 55] (RIN: 1513-AB15) received July 20, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

8951. A letter from the Director, Regulations and Rulings Division, Alcohol & Tobacco Tax & Trade Bureau, Department of the Treasury, transmitting the Department's

final rule — Establishment of the Eola-Amity Hills Viticultural Area (2002R-216P) received July 20, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

8952. A letter from the Director, Regulations and Rulings Division, Alcohol & Tobacco Tax & Trade Bureau, Department of the Treasury, transmitting the Department's final rule — Establishment of the Alta Mesa, Borden Ranch, Clements Hills, Cosumnes River, Jahant, Mokelumne River, and Sloughhouse Viticultural Areas [T.D. TTB-50; RE: Notice No. 50] (RIN: 1513-1182) received July 20, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

8953. A letter from the Assistant Chief Counsel, Employee Benefits, Internal Revenue Service, transmitting the Service's final rule — Interim Guidance on the Application of Section 409A to Accelerated Payments to Satisfy Federal Conflict of Interest Requirements [Notice 2006-64] received July 6, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

8954. A letter from the Assistant Chief Counsel, Employee Benefits, Internal Revenue Service, transmitting the Service's final rule — Industry Issue Resolution Regarding the Work Opportunity and Welfare-to-Work Tax Credits (Announcement 2006-49) received July 6, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

8955. A letter from the Assistant Chief Counsel, Employee Benefits, Internal Revenue Service, transmitting the Service's final rule — Definition of "amount involved" and "correction" (Rev. Rul. 2006-38) received July 6, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

8956. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Field Directive on Asset Class and Depreciation for Casino Construction Costs — received July 13, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

8957. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Effect of Elections in Certain Multi-Step Transactions [TD 9271] (RIN: 1545-BB68) received July 13, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

8958. A letter from the Acting Chief, Publications and Regulations, Internal Revenue Service, transmitting the Service's final rule — Disclosures of Return Information by Certain Officers and Employees for Investigative Purposes [TD 9274] (RIN: 1545-BB16) received July 13, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

8959. A letter from the Chief, Publications & Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Determination of Issue Price in the Case of Certain Debt Instruments Issued for Property (Rev. Rul. 2006-39) received July 20, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

8960. A letter from the Chief, Publications and Regulations, Internal Revenue Service, transmitting the Service's final rule — Reporting of Gross Proceeds Payments to Attorneys [TD 9270] (RIN: 1545-AW72) received July 20, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

8961. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Excise Taxes With Respect To Prohibited Tax Shelter Transactions to Which Tax-Ex-

empt Entities Are Parties and Related Disclosure Requirements [Notice 2006-65] received July 20, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

8962. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Employer Comparable Contributions to Health Savings Accounts under Section 4980G [TD 9277] (RIN: 1545-BE30) received July 26, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

8963. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Weighted Average Interest Rate Update [Notice 2006-66] received July 27, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

8964. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Coordinated Issue: Claim Revenue under a Long-term Contract (Uniform Issue List Number: 460.02-04) received July 26, 2006, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

8965. A letter from the Secretary, Department of Agriculture, transmitting the Department's report on the Department's contracting out policies, including agency budgets for contracting out, as required by Pub. L. 109-97, Title 1; jointly to the Committees on Appropriations and Government Reform.

8966. A letter from the Secretary, Department of Agriculture, transmitting the Department's report on the Department's contracting out policies, including agency budgets for contracting out, as required by Pub. L. 109-97, Title 1; jointly to the Committees on Appropriations and Government Reform.

8967. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting a report assessing the voting practices of the governments of UN members states in the General Assembly and Security Council for 2005, and evaluating the actions and responsiveness of those governments to United States policy on issues of special importance to the United States, pursuant to Public Law 101-167, section 527(a) Public Law 101-246, section 406; jointly to the Committees on International Relations and Appropriations.

8968. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting pursuant to section 7(a) of the Jerusalem Embassy Act of 1995 (Pub. L. 104-45), a copy of Presidential Determination No. 2006-15 suspending the limitation on the obligation of the State Department Appropriations contained in sections 3(b) and 7(b) of that Act for six months as well as the periodic report provided for under Section 6 of the Act covering the period from December 15, 2005 to the present; jointly to the Committees on International Relations and Appropriations.

8969. A letter from the Ambassador, Department of State, transmitting a report required by Section 653(a) of the Foreign Assistance Act of 1961, as amended, for the funds appropriated by the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 2004, as enacted in Public Law 108-199, for Development Assistance and Child Survival and Health Programs; jointly to the Committees on International Relations and Appropriations.

8970. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting a Determination and Memorandum of Justification pursuant to Section 589 of the Foreign Operations, Export Financing and Related Program Appropriations Act of 2006, Pub. L. 109-102; jointly to

the Committees on International Relations and Appropriations.

8971. A letter from the Deputy Director of Communications and Legislative Affairs, Equal Employment Opportunity Commission, transmitting the Commission's Annual Report on the Federal Work Force for Fiscal Year 2005, pursuant to 42 U.S.C. 2000e-4(e); jointly to the Committees on Government Reform and Education and the Workforce.

8972. A letter from the President & CEO, Overseas Private Investment Corporation, transmitting the Corporation's annual Management Report for FY 2005, Performance Budget for FY 2007, Performance and Accountability Report for FY 2005, and Report on Development and U.S. Effects on OPIC's FY 2005 projects and Report on Cooperation with Private Insurers, pursuant to 31 U.S.C. 9106; jointly to the Committees on Government Reform and International Relations.

8973. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting a copy of a draft bill entitled, "To implement the Convention on the Conservation and Management of Highly Migratory Fish Stocks in the Western and Central Pacific Ocean"; jointly to the Committees on Resources and the Judiciary.

8974. A letter from the Director, Office of National Drug Control Policy, transmitting the Administration's Synthetic Drug Control Strategy; jointly to the Committees on the Judiciary and Energy and Commerce.

8975. A letter from the Secretary, Department of Homeland Security, transmitting notification of the actions the Secretary has taken regarding security measures at Port-au-Prince International Airport, Port-au-Prince, Haiti, pursuant to 49 U.S.C. 44907(d)(1); jointly to the Committees on Transportation and Infrastructure and International Relations.

8976. A letter from the Secretary, Department of Labor, transmitting a copy of a draft bill entitled, "Unemployment Compensation Program Integrity Act of 2006"; jointly to the Committees on Ways and Means and Government Reform.

8977. A letter from the Chairman, Medicare Payment Advisory Commission, transmitting a copy of the Commission's "June 2006 Report to the Congress: Increasing the Value of Medicare"; jointly to the Committees on Ways and Means and Energy and Commerce.

## REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. OXLEY: Committee on Financial Services. H.R. 5039. A bill to establish a program to revitalize rural multifamily housing assisted under the Housing Act of 1949; with an amendment (Rept. 109-604). Referred to the Committee of the Whole House on the State of the Union.

Mr. OXLEY: Committee on Financial Services. H.R. 5347. A bill to reauthorize the HOPE VI program for revitalization of public housing projects (Rept. 109-605). Referred to the Committee of the Whole House on the State of the Union.

Mr. HASTINGS of Washington: Committee on Rules. House Resolution 958. Resolution waiving a requirement of clause 6(a) of rule XIII with respect to consideration of certain resolutions reported from the Committee on Rules (Rept. 109-606). Referred to the House Calendar.

## PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions were introduced and severally referred, as follows:

By Mr. KENNEDY of Minnesota (for himself and Mr. CASE):

H.R. 5915. A bill to require that the Teacher Incentive Fund of the Department of Education and other programs to support merit-based teacher compensation systems award its grant funds to support compensation systems that are based primarily or exclusively on student learning gains or maintenance of high student learning gains, or both; to the Committee on Education and the Workforce.

By Mr. DINGELL (for himself, Mr. BROWN of Ohio, Mr. WAXMAN, Mr. MARKEY, Mr. BOUCHER, Mr. TOWNS, Mr. PALLONE, Mr. GORDON, Mr. RUSH, Ms. ESHOO, Mr. STUPAK, Mr. ENGEL, Mr. WYNN, Mr. GENE GREEN of Texas, Mr. STRICKLAND, Ms. DEGETTE, Mrs. CAPPS, Mr. DOYLE, Mr. ALLEN, Mr. DAVIS of Florida, Ms. SCHAKOWSKY, Ms. SOLIS, Mr. GONZALEZ, Mr. INSLEE, Ms. BALDWIN, and Mr. ROSS):

H.R. 5916. A bill to amend part B of title XVIII of the Social Security Act to provide for an increase in payment for physicians' services under the Medicare Program for 2007 and 2008; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. SODREL (for himself, Mr. HUNTER, Mr. MCHENRY, Mr. ROHRABACHER, Mr. KUHL of New York, Mrs. BLACKBURN, Mr. PENCE, Mr. SIMMONS, Mr. GERLACH, Mr. PAUL, and Ms. HARRIS):

H.R. 5917. A bill to amend the Internal Revenue Code of 1986 to provide that tips received for certain services shall not be subject to income or employment taxes; to the Committee on Ways and Means.

By Mr. PITTS (for himself, Mr. LANTOS, Mr. PENCE, Mr. SMITH of New Jersey, Mr. SOUDER, Mr. MCGOVERN, Mr. HONDA, Mr. WAMP, Mr. MCCOTTER, Mr. BOEHLERT, Mr. PAYNE, and Mr. ROHRABACHER):

H.R. 5918. A bill to amend the Immigration and Nationality Act to protect vulnerable refugees and asylum seekers; to the Committee on the Judiciary.

By Mr. LIPINSKI (for himself and Mr. OSBORNE):

H.R. 5919. A bill to empower parents to protect children from increasing depictions of indecent material on television; to the Committee on Energy and Commerce.

By Mr. WOLF (for himself, Mr. SCHWARZ of Michigan, Mr. TOM DAVIS of Virginia, Mr. MORAN of Virginia, Mr. VAN HOLLEN, Mr. HOYER, Mr. LINCOLN DIAZ-BALART of Florida, Mr. JONES of North Carolina, Ms. NORTON, Mr. MCCOTTER, and Mr. SIMMONS):

H.R. 5920. A bill to amend the Internal Revenue Code of 1986 to exclude from gross income certain combat zone compensation of civilian employees of the United States; to the Committee on Ways and Means.

By Mr. SENSENBRENNER (for himself, Mr. COBLE, and Mr. SMITH of Texas):

H.R. 5921. A bill to amend titles 17 and 18, United States Code, to strengthen the protection of intellectual property, and for other purposes; to the Committee on the Judiciary.

By Mr. MARKEY:

H.R. 5922. A bill to amend the Federal Food, Drug, and Cosmetic Act to establish

additional authorities to ensure the safe and effective use of drugs, to establish whistleblower protections for certain individuals, and for other purposes; to the Committee on Energy and Commerce.

By Mr. ACKERMAN (for himself, Mr. BISHOP of New York, Mr. ISRAEL, Mr. KING of New York, Mrs. MCCARTHY, Mr. MEEKS of New York, Mr. CROWLEY, Mr. NADLER, Mr. WEINER, Mr. TOWNS, Mr. OWENS, Ms. VELÁZQUEZ, Mr. FOSSELLA, Mrs. MALONEY, Mr. RANGEL, Mr. SERRANO, Mr. ENGEL, Mrs. LOWEY, Mrs. KELLY, Mr. SWEENEY, Mr. McNULTY, Mr. HINCHEY, Mr. MCHUGH, Mr. BOEHLERT, Mr. WALSH, Mr. REYNOLDS, Mr. HIGGINS, Ms. SLAUGHTER, and Mr. KUHL of New York):

H.R. 5923. A bill to designate the facility of the United States Postal Service located at 29-50 Union Street in Flushing, New York, as the "Dr. Leonard Price Stavisky Post Office"; to the Committee on Government Reform.

By Mr. BAKER:

H.R. 5924. A bill to amend the Small Business Act to provide for loan guarantees for certain private disaster loans; to the Committee on Small Business.

By Mr. BARTLETT of Maryland:

H.R. 5925. A bill to provide for Federal research, development, demonstration, and commercial application activities to enable the development of farms that are net producers of both food and energy, and for other purposes; to the Committee on Science, and in addition to the Committee on Agriculture, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. BERKLEY:

H.R. 5926. A bill to provide for the energy independence of the United States; to the Committee on Ways and Means, and in addition to the Committees on Resources, Energy and Commerce, and Science, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. CARDIN:

H.R. 5927. A bill to provide energy independence to Americans, to increase the efficiency and decrease the environmental impact of America's energy policy, to increase America's research and development in energy, and to encourage the development and use of renewable forms of energy; to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Transportation and Infrastructure, Government Reform, and Science, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. CHANDLER (for himself, Mr. GEORGE MILLER of California, Ms. WOOLSEY, Ms. MCCOLLUM of Minnesota, Mr. CONYERS, Mr. HOLT, Mr. HINOJOSA, Mr. GONZALEZ, Mr. CASE, Mr. OWENS, Mr. HOLDEN, Mr. DAVIS of Illinois, Mrs. TAUSCHER, Mr. MOORE of Kansas, Mr. STARK, Mr. COSTA, and Mr. PAYNE):

H.R. 5928. A bill to direct the Secretary of Education to make grants and low-interest loans to local educational agencies for the construction, modernization, or repair of public kindergarten, elementary, and secondary educational facilities, and for other purposes; to the Committee on Education and the Workforce.

By Mr. COSTELLO (for himself and Mr. CLAY):

H.R. 5929. A bill to designate the facility of the United States Postal Service located at

950 Missouri Avenue in East St. Louis, Illinois, as the "Katherine Dunham Post Office Building"; to the Committee on Government Reform.

By Mr. CRAMER:

H.R. 5930. A bill to establish the Muscle Shoals National Heritage Area in the State of Alabama, and for other purposes; to the Committee on Resources.

By Mr. DOYLE (for himself, Mrs. BONO, Mr. VAN HOLLEN, Mr. WYNN, and Mr. MCHUGH):

H.R. 5931. A bill to improve efficiency in the Federal Government through the use of high-performance green buildings, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committees on Government Reform, Science, and Transportation and Infrastructure, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. EVERETT (for himself, Mr. BONNER, and Mr. ROGERS of Alabama):

H.R. 5932. A bill to amend the Internal Revenue Code of 1986 to authorize agricultural producers to establish and contribute to tax-exempt farm risk management accounts in lieu of obtaining federally subsidized crop insurance or noninsured crop assistance, to provide for contributions to such accounts by the Secretary of Agriculture, to specify the situations in which amounts may be paid to producers from such accounts, and to limit the total amount of such distributions to a producer during a taxable year, and for other purposes; to the Committee on Ways and Means, and in addition to the Committee on Agriculture, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. FEENEY (for himself and Mr. MEEKS of New York):

H.R. 5933. A bill to provide for the admission to the United States of nonimmigrant business facilitation visitors; to the Committee on the Judiciary.

By Mr. GOODE:

H.R. 5934. A bill to amend the Small Business Act to revise the definition of a HUBZone with respect to counties that are highly rural but adjacent to urban areas; to the Committee on Small Business.

By Mr. GREEN of Wisconsin:

H.R. 5935. A bill to amend title XVIII of the Social Security Act to provide for an adjustment to the reduction of Medicare resident positions based on settled cost reports; to the Committee on Ways and Means.

By Mrs. LOWEY:

H.R. 5936. A bill to amend title II of the Social Security Act to credit prospectively individuals serving as caregivers of dependent relatives with deemed wages for up to five years of such service; to the Committee on Ways and Means.

By Mrs. LOWEY:

H.R. 5937. A bill to assure equitable treatment in health care coverage of prescription drugs under group health plans, health insurance coverage, Medicare and Medicaid managed care arrangements, Medigap insurance coverage, and health plans under the Federal employees' health benefits program (FEHBP); to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and the Workforce, and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. LOWEY:

H.R. 5938. A bill to reduce childhood obesity, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. DANIEL E. LUNGREN of California (for himself, Mr. COBLE, Mr. SMITH of Texas, and Mr. FORBES):

H.R. 5939. A bill to amend title 18, United States Code, to improve the criminal law relating to terrorism, and for other purposes; to the Committee on the Judiciary.

By Mrs. MALONEY (for herself, Mr. OSBORNE, and Mr. HINCHEY):

H.R. 5940. A bill to direct the Secretary of Health and Human Services to conduct or support a comprehensive study comparing total health outcomes, including risk of autism, in vaccinated populations in the United States with such outcomes in unvaccinated populations in the United States, and for other purposes; to the Committee on Energy and Commerce.

By Mrs. MALONEY (for herself, Mr. GEORGE MILLER of California, Mr. BECERRA, Ms. DELAUNO, Mr. GRIJALVA, Mr. CLAY, Mr. MCDERMOTT, Mr. SHAYS, and Mr. SANDERS):

H.R. 5941. A bill to establish certain requirements relating to the continuation of the Survey of Income and Program Participation; to the Committee on Government Reform.

By Mr. MARSHALL:

H.R. 5942. A bill to require Congressional approval for implementation of a severity-adjusted inpatient prospective payment system for rural hospitals under the Medicare Program; to the Committee on Ways and Means.

By Mr. MCCAUL of Texas (for himself, Mr. KING of New York, Mr. ROGERS of Alabama, Mr. REICHERT, Mr. POE, and Mr. JINDAL):

H.R. 5943. A bill to amend the Homeland Security Act of 2002 to prevent waste, fraud, and abuse in emergency assistance programs administered by the Department of Homeland Security; to the Committee on Homeland Security, and in addition to the Committee on Transportation and Infrastructure, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. NADLER:

H.R. 5944. A bill to amend title 18, United States Code, to protect our children from child pornographers; to the Committee on the Judiciary.

By Mr. PALLONE (for himself and Mr. STARK):

H.R. 5945. A bill to amend title XI of the Social Security Act to protect the privacy of drug prescriber information; to the Committee on Energy and Commerce.

By Mr. POMBO (for himself, Mr. ABERCROMBIE, Mr. YOUNG of Alaska, Mr. SAXTON, and Mr. GILCHREST):

H.R. 5946. A bill to amend Magnuson-Stevens Fishery Conservation and Management Act to authorize activities to promote improved monitoring and compliance for high seas fisheries, or fisheries governed by international fishery management agreements, and for other purposes; to the Committee on Resources.

By Mr. SCOTT of Virginia (for himself, Mr. GRIJALVA, Mr. BISHOP of Georgia, Mrs. MALONEY, Mr. MCGOVERN, Mr. LYNCH, Mr. PAYNE, Mr. CONYERS, Ms. LEE, and Mr. CLEAVER):

H.R. 5947. A bill to correct an inequity in eligibility for military retired pay based on nonregular service in the case of certain members of the reserve components completing their reserve service before 1966, and for other purposes; to the Committee on Armed Services.

By Mr. SMITH of New Jersey (for himself, Mr. LANTOS, and Mr. MCCOTTER):

H.R. 5948. A bill to reauthorize the Belarus Democracy Act of 2004; to the Committee on International Relations, and in addition to the Committees on the Judiciary, and Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. SMITH of Washington (for himself and Mr. DICKS):

H.R. 5949. A bill to authorize a major medical facility project for the Department of Veterans Affairs at the Department of Veterans Affairs Medical Center, American Lake, Washington; to the Committee on Veterans' Affairs.

By Mr. UDALL of New Mexico:

H.R. 5950. A bill to repeal certain tax subsidies enacted by the Energy Policy Act of 2005 for oil and gas, to allow a credit against income tax for farm diesel expenses, and to allow a credit to farmers who produce biodiesel and agri-biodiesel; to the Committee on Ways and Means.

By Mr. UDALL of New Mexico (for himself, Ms. WOOLSEY, and Mr. MORAN of Virginia):

H.R. 5951. A bill to improve the health of Americans and reduce health care costs by reorienting the Nation's health care system toward prevention, wellness, and self care; to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and the Workforce, and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. VELÁZQUEZ (for herself, Mr. OWENS, Mr. SERRANO, Mr. RANGEL, Mr. LIPINSKI, and Ms. BORDALLO):

H.R. 5952. A bill to increase access to and consumption of fresh fruits, vegetables, and healthy alternatives in low-income communities with high incidences of obesity and obesity-related disease; to the Committee on Energy and Commerce, and in addition to the Committees on Small Business, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. WYNN (for himself, Mrs. BONO, Mr. DENT, Mr. TERRY, Mr. CALVERT, Mr. BUYER, Mr. INGLIS of South Carolina, Mr. RUSH, Mr. MEEHAN, Mr. ROSS, and Mr. LARSON of Connecticut):

H.R. 5953. A bill to provide for the establishment of the Commission for the Deployment of Hydrogen and Fuel Cells, and for other purposes; to the Committee on Science, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. JO ANN DAVIS of Virginia:

H. Con. Res. 455. Concurrent resolution recognizing the role of the National Guard and State volunteers in protecting our Nation's borders.

By Mrs. LOWEY:

H. Con. Res. 457. Concurrent resolution supporting the goals and ideals of National

Celiac Awareness Month, and for other purposes; to the Committee on Energy and Commerce.

By Mr. VAN HOLLEN:

H. Con. Res. 458. Concurrent resolution congratulating the National Library of Medicine on the occasion of its 50th anniversary; to the Committee on Energy and Commerce.

By Mr. BOEHNER:

H. Res. 957. A resolution directing the Sergeant at Arms of the House of Representatives to deliver the mace of the House of Representatives to the Secretary of the Smithsonian Institution for necessary repairs; considered and agreed to.

By Mr. CAMP of Michigan (for himself, Mr. HERGER, Mr. MCDERMOTT, Mr. OBERSTAR, Ms. GINNY BROWN-WAITE of Florida, Mr. WILSON of South Carolina, Mr. CARNAHAN, Mr. ROGERS of Michigan, Mr. SHAW, and Mr. ENGLISH of Pennsylvania):

H. Res. 959. A resolution recognizing and supporting the success of the Adoption and Safe Families Act of 1997 in increasing adoption and the efforts the Act has spurred including National Adoption Day and National Adoption Month, and encouraging adoption throughout the year; to the Committee on Ways and Means.

By Mr. FLAKE (for himself, Mr. PENCE, Mrs. MYRICK, and Mr. CASE):

H. Res. 960. A resolution amending the Rules of the House of Representatives to limit gifts to Members, officers, and employees of the House from State and local governments; to the Committee on Rules.

By Ms. ROS-LEHTINEN (for herself, Mr. GENE GREEN of Texas, Mr. TIBERI, Mr. MACK, Mr. MCINTYRE, Mr. MCNULTY, Mr. WAXMAN, Mr. PALLONE, Mr. GRIJALVA, Mr. DOGGETT, Ms. JACKSON-LEE of Texas, Mr. HINCHEY, Mr. JEFFERSON, Mr. SCOTT of Georgia, Mr. PAYNE, Mr. ORTIZ, Mr. FITZPATRICK of Pennsylvania, Mr. BONNER, Mr. HAYWORTH, Mr. MCCOTTER, Mr. SHAW, Mr. WEXLER, Mr. RAMSTAD, and Mr. LINCOLN DIAZ-BALART of Florida):

H. Res. 961. A resolution encouraging the establishment of programs to increase public awareness of vision disorders in children; to the Committee on Energy and Commerce.

By Mr. STEARNS:

H. Res. 962. A resolution recognizing the 200th anniversary of the sovereignty of the Principality of Liechtenstein, and expressing the support for efforts by the United States to continue to strengthen its relationship with that country; to the Committee on International Relations.

## MEMORIALS

Under clause 3 of rule XII, memorials were presented and referred as follows:

430. The SPEAKER presented a memorial of the House of Representatives of the State of Texas, relative to House Resolution No. 1300 memorializing the Congress of the United States to enact legislation relating to the assessment of penalties by a financial institution for an insufficient funds check; to the Committee on Financial Services.

431. Also, a memorial of the Legislature of the State of Idaho, relative to House Joint Memorial No. 18 urging support for and adoption of amendments proposed to the No Child Left Behind Act contained in H.R. 1177; to the Committee on Education and the Workforce.

432. Also, a memorial of the Senate of the State of Texas, relative to a letter supporting H.R. 9, the Fannie Lou Hamer, Rosa Parks, and Coretta Scott King Voting Rights Act Reauthorization and Amendments Act of 2006; to the Committee on the Judiciary.



433. Also, a memorial of the House of Representatives of the State of Texas, relative to House Resolution No. 106 memorializing the Congress of the United States to posthumously bestow the Congressional Medal of Honor upon Doris "Dorie" Miller and to request the U.S. Postal Service issue a commemorative postage stamp to honor Miller; jointly to the Committees on Armed Services and Government Reform.

#### ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 328: Mr. RAHALL.  
 H.R. 550: Mr. FORTUÑO, and Mr. DAVIS of Alabama.  
 H.R. 566: Mr. SERRANO, Mr. SANDERS, and Mr. BROWN of Ohio.  
 H.R. 615: Mr. WAMP.  
 H.R. 668: Mr. SANDERS and Ms. DELAULO.  
 H.R. 699: Mr. STUPAK and Mr. KUCINICH.  
 H.R. 791: Mr. LOBIONDO.  
 H.R. 808: Ms. BEAN.  
 H.R. 817: Mr. TIAHRT, Mr. SHUSTER, Mr. LAHOOD, Mrs. CUBIN, Mr. COSTA, Mrs. MYRICK, Mr. WALDEN of Oregon, Mr. HOEKSTRA, Mr. OSBORNE, Mrs. BLACKBURN, Mr. BEAUPREZ, Mr. SERRANO, Mrs. JO ANN DAVIS of Virginia, Mr. SHERWOOD, Mr. GUTKNECHT, Mr. BOOZMAN, and Miss MCMORRIS.  
 H.R. 901: Mr. HYDE.  
 H.R. 952: Mr. RAHALL.  
 H.R. 1227: Mr. JACKSON of Illinois and Mr. SHAW.  
 H.R. 1298: Mrs. WILSON of New Mexico.  
 H.R. 1356: Mr. LOBIONDO.  
 H.R. 1384: Mr. LATHAM, Mr. PORTER, Mr. GENE GREEN of Texas, and Mr. KELLER.  
 H.R. 1405: Ms. JACKSON-LEE of Texas.  
 H.R. 1413: Mr. SMITH of Washington.  
 H.R. 1441: Mr. LYNCH and Mr. KIRK.  
 H.R. 1451: Mr. LOBIONDO.  
 H.R. 1471: Mr. JACKSON of Illinois, Mr. INSLEE, Mr. HIGGINS, and Mr. LARSEN of Washington.  
 H.R. 1578: Mr. CASE and Mr. BOUCHER.  
 H.R. 1615: Mr. MARKEY.  
 H.R. 1849: Mr. SHAYS.  
 H.R. 1872: Mr. SMITH of New Jersey.  
 H.R. 1940: Mrs. MILLER of Michigan and Mr. ENGEL.  
 H.R. 1946: Mr. MILLER of North Carolina.  
 H.R. 2103: Mr. BURTON of Indiana.  
 H.R. 2231: Mr. STUPAK, Mr. ROSS, and Mr. FRANKS of Arizona.  
 H.R. 2671: Mr. RUSH and Mr. SMITH of New Jersey.  
 H.R. 2841: Mr. GENE GREEN of Texas.  
 H.R. 2842: Mr. FOSSELLA, Mr. TIAHRT, Mr. BISHOP of Utah, Mr. RADANOVICH, Mr. SOUDER, Mr. PITTS, and Mr. SENSENBRENNER.  
 H.R. 2868: Mr. LARSEN of Washington.  
 H.R. 2869: Mr. KUCINICH.  
 H.R. 3011: Mr. TOM DAVIS of Virginia.  
 H.R. 3034: Mr. JACKSON of Illinois.  
 H.R. 3055: Mr. JACKSON of Illinois.  
 H.R. 3195: Mrs. EMERSON.  
 H.R. 3248: Mr. BOUCHER.  
 H.R. 3284: Mr. BOUCHER.  
 H.R. 3323: Ms. DELAULO.  
 H.R. 3478: Mr. HASTINGS of Florida, Mr. ROSS, Mr. MCCAUL of Texas, Mr. CHABOT, and Ms. WOOLSEY.  
 H.R. 3547: Mr. BOUCHER.  
 H.R. 3584: Mr. ROTHMAN.  
 H.R. 3616: Mr. RYAN of Ohio.  
 H.R. 3795: Mrs. MCCARTHY.  
 H.R. 3854: Mrs. CAPPS.  
 H.R. 3875: Mr. UPTON.  
 H.R. 4063: Mr. MILLER of North Carolina, Mr. UPTON, and Mrs. BIGGERT.  
 H.R. 4215: Ms. JACKSON-LEE of Texas.  
 H.R. 4293: Mr. FILNER.

H.R. 4315: Mr. JINDAL and Mr. ANDREWS.  
 H.R. 4341: Mr. MARSHALL and Mr. GREEN of Wisconsin.  
 H.R. 4537: Mr. AL GREEN of Texas.  
 H.R. 4547: Mr. ORTIZ, Mr. FOLEY, and Mr. WHITFIELD.  
 H.R. 4560: Ms. MOORE of Wisconsin.  
 H.R. 4562: Mr. REICHERT, Mr. GREEN of Wisconsin, Mr. BACHUS, Mr. BRADY of Texas, Mr. GUTKNECHT, Mr. EHLERS, Mr. PITTS, Mr. HERGER, Mr. FRELINGHUYSEN, Ms. VELÁZQUEZ, and Mr. RUPPERSBERGER.  
 H.R. 4597: Mrs. CHRISTENSEN, Mr. SAM JOHNSON of Texas, Mr. DANIEL E. LUNGREN of California, Mr. MCDERMOTT, Mr. NEUGEBAUER, Mr. TAYLOR of North Carolina, Mr. UDALL of New Mexico, Ms. WATSON, and Mr. SCHWARZ of Michigan.  
 H.R. 4618: Mr. FEENEY.  
 H.R. 4747: Mr. KUCINICH.  
 H.R. 4766: Mr. UDALL of New Mexico and Mr. UDALL of Colorado.  
 H.R. 4829: Mr. ENGLISH of Pennsylvania.  
 H.R. 4896: Mr. WAXMAN, Ms. ZOE LOFGREN of California, and Mr. LIPINSKI.  
 H.R. 4910: Mr. TERRY.  
 H.R. 4922: Ms. ROS-LEHTINEN and Mr. FOSSELLA.  
 H.R. 4927: Mr. LARSEN of Washington.  
 H.R. 4949: Mr. CROWLEY.  
 H.R. 4953: Mr. HIGGINS.  
 H.R. 4956: Mr. BUTTERFIELD, Ms. BORDALLO, Mr. LARSON of Connecticut, Mr. TANNER, Mr. UDALL of New Mexico, Mr. UDALL of Colorado, and Mrs. TAUSCHER.  
 H.R. 4982: Mr. HOLT and Mr. SPRATT.  
 H.R. 5022: Mr. ROHRBACHER, Mr. PASTOR, and Mr. JACKSON of Illinois.  
 H.R. 5092: Mr. GOODLATTE, Mr. BEAUPREZ, Mr. FRANKS of Arizona, Mr. WHITFIELD, Mr. DINGELL, Mr. MCHENRY, Mr. TANCREDO, and Mr. ORTIZ.  
 H.R. 5134: Mrs. NAPOLITANO.  
 H.R. 5139: Mr. MILLER of North Carolina.  
 H.R. 5140: Mr. MILLER of North Carolina.  
 H.R. 5150: Mr. BERRY.  
 H.R. 5182: Mrs. MYRICK and Mr. WU.  
 H.R. 5249: Mr. BEAUPREZ and Mr. WELDON of Pennsylvania.  
 H.R. 5316: Mr. BOUCHER, Mr. HOLT, and Ms. WOOLSEY.  
 H.R. 5348: Mr. MCGOVERN and Mr. McNULTY.  
 H.R. 5371: Mr. SPRATT.  
 H.R. 5436: Mr. DAVIS of Illinois and Mr. CARNAHAN.  
 H.R. 5496: Mr. SAXTON, Mr. LOBIONDO, and Mr. GARRETT of New Jersey.  
 H.R. 5519: Mr. BERRY.  
 H.R. 5539: Mr. MELANCON and Mr. MILLER of North Carolina.  
 H.R. 5552: Mrs. MYRICK and Mr. BEAUPREZ.  
 H.R. 5558: Mr. MACK, Mrs. BONO, Mr. MCCAUL of Texas, Mr. BACHUS, Miss MCMORRIS, and Mr. COLE of Oklahoma.  
 H.R. 5562: Mr. CROWLEY.  
 H.R. 5578: Mr. KILDEE.  
 H.R. 5588: Mr. JACKSON of Illinois.  
 H.R. 5605: Mr. PRICE of North Carolina.  
 H.R. 5608: Mr. PRICE of North Carolina.  
 H.R. 5613: Mr. FORTUÑO.  
 H.R. 5635: Mr. GRIJALVA, Ms. JACKSON-LEE of Texas, Mr. ROSS, Mr. McNULTY, Mr. STARK, Ms. CARSON, Mr. VISLOSKEY, and Mr. GENE GREEN of Texas.  
 H.R. 5642: Mr. CUMMINGS, Mr. BECERRA, Ms. WOOLSEY, Mr. ALLEN, Mr. OWENS, Mr. NADLER, and Mr. NEAL of Massachusetts.  
 H.R. 5669: Mr. JACKSON of Illinois and Ms. BALDWIN.  
 H.R. 5680: Mr. ROYCE.  
 H.R. 5688: Mrs. CUBIN, Mr. PITTS, and Mr. POE.  
 H.R. 5701: Mr. BURTON of Indiana.  
 H.R. 5702: Mr. FORTUÑO.  
 H.R. 5704: Mr. SHAYS, Mr. GOHMERT, Mr. PRICE of North Carolina, and Mr. JINDAL.  
 H.R. 5731: Ms. WOOLSEY and Mr. BRADY of Pennsylvania.

H.R. 5735: Mr. STARK.  
 H.R. 5751: Mr. CARTER, Mr. MCCAUL of Texas, Mr. KUHL of New York, Mr. KENNEDY of Minnesota, and Mr. MCCOTTER.  
 H.R. 5755: Mr. CALVERT, Mr. LYNCH, Mr. SAXTON, Mr. HUNTER, Mr. SKELTON, Miss MCMORRIS, and Mr. WILSON of South Carolina.  
 H.R. 5771: Ms. WATSON, Mr. KENNEDY of Rhode Island, Mr. SERRANO, Ms. SOLIS, and Mr. SMITH of Washington.  
 H.R. 5791: Mr. AKIN, Mr. PLATTS, Mr. SHAYS, Mr. MCCOTTER, Mr. RYAN of Ohio, Mr. McNULTY, Mr. BERRY, and Mr. RUSH.  
 H.R. 5795: Ms. ROYBAL-ALLARD, Ms. SCHWARTZ of Pennsylvania, Mrs. MCCARTHY, Mr. MCDERMOTT, Ms. BERKLEY, Ms. JACKSON-LEE of Texas, Mr. DEFazio, Ms. WOOLSEY, Ms. DEGETTE, and Mr. JACKSON of Illinois.  
 H.R. 5805: Mr. CALVERT, Ms. JACKSON-LEE of Texas, Mr. SCHWARZ of Michigan, and Mr. KUHL of New York.  
 H.R. 5807: Mr. ACKERMAN.  
 H.R. 5825: Mr. SCHWARZ of Michigan, Mr. MILLER of Florida, and Mrs. MYRICK.  
 H.R. 5835: Mr. SMITH of Washington, Mr. CALVERT, Mr. SCHWARZ of Michigan, and Mr. KUHL of New York.  
 H.R. 5837: Mr. HINCHEY.  
 H.R. 5853: Mr. PETRI.  
 H.R. 5858: Mr. PAYNE, Ms. JACKSON-LEE of Texas, Mr. SERRANO, Mrs. NAPOLITANO, Mr. MCDERMOTT, and Mr. CASE.  
 H.R. 5862: Mr. MCHEENRY, Mr. GOODE, Mr. PRICE of Georgia, Mr. PENCE, Mr. PITTS, Mr. SAM JOHNSON of Texas, Mrs. MYRICK, Mr. GUTKNECHT, Mr. GINGREY, Mr. TIAHRT, Mr. CARTER, Mr. KUHL of New York, and Mr. SODREL.  
 H.R. 5866: Mr. BURTON of Indiana and Mr. KUHL of New York.  
 H.R. 5875: Mr. OLVER.  
 H.R. 5878: Mr. MILLER of North Carolina.  
 H.R. 5886: Mr. JACKSON of Illinois, Mr. PAYNE, and Ms. KAPTUR.  
 H.R. 5890: Mr. GREEN of Wisconsin.  
 H.J. Res. 89: Mr. OLVER and Mr. TIERNEY.  
 H. Con. Res. 179: Mrs. BONO.  
 H. Con. Res. 222: Mr. BEAUPREZ.  
 H. Con. Res. 340: Mr. GARRETT of New Jersey and Mr. ALLEN.  
 H. Con. Res. 390: Mr. CALVERT.  
 H. Con. Res. 404: Mr. GORDON, Mr. MILLER of North Carolina, Mr. MCDERMOTT, Mr. BOEHLERT, Mr. EDWARDS, Ms. BERKLEY, Ms. JACKSON-LEE of Texas, Mr. EMANUEL, Mr. MOORE of Kansas, Mr. McNULTY, Mr. INSLEE, Mr. DINGELL, and Mr. AL GREEN of Texas.  
 H. Con. Res. 416: Mr. SCHWARZ of Michigan, Ms. CORRINE BROWN of Florida, and Mr. JONES of North Carolina.  
 H. Con. Res. 447: Mr. STARK.  
 H. Con. Res. 450: Ms. MCKINNEY.  
 H. Res. 415: Mrs. TAUSCHER, Mr. HINCHEY, Mr. ISRAEL, Mr. HIGGINS, Ms. SOLIS, Mr. TIERNEY, Ms. LINDA T. SANCHEZ of California, Mr. HONDA, Mr. PETERSON of Minnesota, and Ms. WOOLSEY.  
 H. Res. 622: Ms. WATSON, Mr. WILSON of South Carolina, Mr. CASE, Mr. CALVERT, and Mr. HYDE.  
 H. Res. 760: Mrs. DAVIS of California.  
 H. Res. 776: Mr. BEAUPREZ and Mr. CASE.  
 H. Res. 931: Mr. SCOTT of Georgia, Mr. CARDIN, Mr. CLEAVER, Ms. CARSON, Ms. JACKSON-LEE of Texas, and Mr. MOORE of Kansas.  
 H. Res. 938: Ms. WATSON, Mr. DOYLE, Mr. LEVIN, Mr. MCINTYRE, Mr. RAMSTAD, Mr. WELDON of Pennsylvania, Mr. TERRY, Mr. FARR, and Mr. HIGGINS.  
 H. Res. 942: Mr. MCCOTTER.  
 H. Res. 950: Ms. KAPTUR.  
 H. Res. 953: Mrs. CAPPS, Mr. HINCHEY, Mr. KENNEDY of Rhode Island, Mr. FOSSELLA, Mr. KUCINICH, Mrs. NAPOLITANO, and Mr. SCHWARZ of Michigan.

## PETITIONS, ETC.

Under clause 3 of rule XII, petitions and papers were laid on the clerk's desk and referred as follows:

150. The SPEAKER presented a petition of Mr. Gregory T. Howard, a Citizen of Toledo, Ohio, relative to a letter discussing a legal matter; to the Committee on the Judiciary.

151. Also, a petition of the California Veterans Board, relative to a resolution opposing the unfair provisions of H.R. 4297 and relating to Qualified Veterans Mortgage Bonds issued by the California Department of Veterans Affairs; to the Committee on Ways and Means.

152. Also, a petition of the Legislature of Rockland County, New York, relative to Resolution No. 350 calling upon the President of

the United States, the Congress of the United States and the Department of Homeland Security to immediately restore Homeland Security and Anti-Terrorism funds to the New York Metropolitan Area and to reconsider Rockland County's exclusion from the Urban Areas Security Initiative for the New York Metropolitan Area; to the Committee on Homeland Security.